

Application for:

522 Fisher St. Marquette

TO SUBMIT:

DROP OFF AT PINE RIDGE MARQUETTE
OFFICE IN THE SECURE DROPBOX
LOCATED AT 316 PINE STREET, MQT
OR E-MAIL HROSENBURG@MQTHC.ORG



Michigan Rental Application

PROPERTY APPLYING FOR:

___522 Fisher St. Marquette, MI 49855___



Personal Information

Head of Household:

Full Name _____ Birth Date _____ Social Security # _____

Driver's License # / State _____ Phone # _____ Email _____

Co-Head:

Full Name _____ Birth Date _____ Social Security # _____

Driver's License # / State _____ Phone # _____ Email _____

Children Occupants (Please include unborn children)

Full Name - First, Middle, Last	Birth Date	Relationship to You

Rental History

Head of Household (Please list your three most recent addresses or from past five years).

	Current Address	Previous Address	Previous Address
Street Address / Unit No.			
City, State, Zip			
How long at this address			
Manager/Owner Name			
Manager/Owner Phone			

Co-Head of Household (Please list your three most recent addresses or from past five years).

	Current Address	Previous Address	Previous Address
Street Address / Unit No.			
City, State, Zip			
How long at this address			
Manager/Owner Name			
Manager/Owner Phone			

Household Income *(Please list employment from past five years & other sources of income).*

Head of Household Employment History

	Current Employer	Previous Employer	Previous Employer
Employed by			
Position			
Dates of Employment (From..To)			
Monthly Income			
Name of Supervisor			
Supervisor's Phone #			
Address - Street, City, State, Zip			

Co-Head Employment History *(Please list employment from past five years & other sources of income).*

	Current Employer	Previous Employer	Previous Employer
Employed by			
Position			
Dates of Employment (From..To)			
Monthly Income			
Name of Supervisor			
Supervisor's Phone #			
Address - Street, City, State, Zip			

Other Income

Name of Household Member	Monthly Income	Unearned (SS, Child Support, Etc)	Gig Source (Door Dash, Etc)	Self-Employment/Contractor

Emergency Contact Information

Name _____ Phone # _____ Relationship _____
Address - Street, City, State, Zip _____
Name _____ Phone # _____ Relationship _____
Address - Street, City, State, Zip _____

Vehicle Information

Make & Model	Year	Color	Plate #	State

Other Information

Have you ever been evicted? No Yes

If yes, when & why _____

Have you ever filed for bankruptcy? No Yes

If yes, when & why _____

Do you currently smoke? No Yes

Do you have any pets? No Yes

If Yes, please list each Type, Breed & Approx. Weight _____

How did you learn about us? _____

Agreement & Consent

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) outlined in Part II acceptable verification of current anticipated annual income. *I/We hereby authorize the verification of the information I/we provided, communication with all names listed on this application, and for the issuer of this form to conduct a background check to obtain additional information on credit / rental history.* The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information *may result in the rejection of this application* or the termination of the lease agreement if discovered thereafter execution. I/We agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. *I/We understand that this is an application for a home or apartment and does not constitute a rental or lease agreement in whole or in part.*

Signature

Date

Signature

Date