



Rental Application

Metro Properties - 310 E Michigan Suite 504 Kalamazoo, MI 49007 Ph:269-383-3006 / Fax:269-383-2450 / Web:metrogroup.us

Please submit this signed form with **1.** \$25 Application fee **2.** Recent Check Stub or Guarantee Form

Full Name _____ Home Phone () _____

E-mail Address _____ Cellular Phone () _____

Social Security # _____ Birthdate ____/____/____ DL# _____

Present Address _____ Monthly Payment \$ _____
Street/City/State/Zip How Long? Landlord Name/Phone

Previous Address _____ Monthly Payment\$ _____
Street/City/State/Zip How Long? Landlord Name/Phone

Reason for moving _____

Employe _____ Monthly take home pay \$ _____
Name City/State/Zip Phone#

Position or Title _____ () _____
Supervisor Supervisor's Phone # Extension

Single Married Widow Divorced

Your Credit History		
Name	Type of Account	Account #
_____	_____	_____
Your Bank	Checking Account #	Savings Account#
_____	_____	_____

Your Vehicles

List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.) Continue on separate page if necessary.

Make and color of vehicle _____

Year: _____ License # _____

Make and color of vehicle _____

Year: _____ License # _____

Total to live in unit: _____

List All Occupants

First	Middle	Last	Address	City/State/Zip	DOB	SS#
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Your Rental/Criminal History

Have you, your spouse, or any occupant listed above ever:

Been evicted or asked to move out? Yes No

Been convicted of a Felony? Yes No

Been sued for non-payment? Yes No

Broken a rental agreement or lease contract? Yes No

Filed Bankruptcy? Yes No

Willfully or intentionally refused to pay rent? Yes No

Had or currently have outstanding judgments? Yes No

Been sued for damages to a rental property? Yes No

Received deferred adjudication for a felony? Yes No

Been convicted of committing a felony? Yes No

Will you or any occupant have an animal? Yes No

Kind, weight, breed, age: _____

How were you referred? Stopped by Internet Newspaper

Rental Guide Friend Other _____

You will (check one) Buy renters insurance or Self-insure

If a Yes answer is given above, Please indicate the Year, Location and Type of each Felony or Circumstance. We may need to discuss more facts before making a decision. You represent the answer is "No" to any item not checked above.

Emergency *Emergency contact person over 18, who will not be living with you*

Name: _____

Address: _____

City/State/Zip: _____

Work Phone: () _____ Home Phone: () _____

Relationship: _____

If you are seriously ill, missing, or in jail or penitentiary according to an affidavit of the above person, or if you die, you authorize (check one or more) the above person, your spouse, and/or your parent or child to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We're not legally obligated to do so.

Please Read Before Signing

The undersigned represent that all of the above statements are true and complete. Management is authorized to verify such information by consumer reports, rental history reports, criminal reports and other means, but is not required to make verifications or investigations. False information given above shall entitle Management to (1) reject the application and, (2) terminate resident's right of occupancy. Management reserves the right to regularly and routinely provide information to consumer reporting agencies about performance of lease obligations by the undersigned. Such information may be reported at any time and may include both favorable and unfavorable information regarding the undersigned's compliance with the lease, rules, and financial obligations. Management has no duty to provide emergency care or give notice of an emergency to any person and shall not be liable to the undersigned, occupant, or any guest for failure to do so. The undersigned is responsible for any and all damages to their personal property resulting from any cause whatsoever. The management reserves the right to return any application without stating a reason for doing so. The rental rate is subject to change prior to move in. The undersigned must sign the Lease Agreement within 72 hours after we notify you of approval either in writing or at the telephone number listed on this application. If you fail to do so, we will then have no further obligation to each other. The processing fee & deposit to hold fee are non-refundable under all circumstances. The deposit to hold will be credited toward the required Security Deposit. No tenancy is created by this application. No Tenancy is created until a lease agreement is created by Landlord and Resident.

Applicant's Signature

X _____
Date

Signature