APPLICATION FOR TENANCY

NORTHVILLE FOREST APARTMENTS

15544 NORTHVILLE FOREST DR. *PLYMOUTH, MI 48170* *734.420.0888*

Applicant's Check No.: _____ Amount: _____ Date: _____

Approved / Denied: _____ Co-Signer: _____

ALL APPLICATION FEE CHECKS TO BE MADE PAYABLE TO: **NORTHVILLE FOREST APARTMENTS I, LLC.**

A $30.00 FEE EACH PER APPLICANT AND CO-SIGNER.
CHECK OR MONEY ORDER ONLY.

INFORMATION AND REFERENCES:

APPLICANT NAME: _____ EMAIL: _____

PRESENT ADDRESS: _____ CITY / STATE / ZIPCODE: _____

HOW LONG AT PRESENT ADDRESS: _____ PHONE NO.: _____

PRESENT LANDLORD: _____ ADDRESS: _____ PHONE: _____

PRIOR ADDRESS IF LESS THAN ONE YEAR: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

VEHICLE YEAR / MAKE / MODEL / COLOR: PLATE NO.: _____

OCCUPATION: _____ ANNUAL INCOME: _____

EMPLOYER: _____ YEARS EMPLOYED: _____

ADDRESS: _____ PHONE NO.: _____

BUSINESS REFERENCE: _____ PHONE NO.: _____

ADDRESS: _____ PHONE NO.: _____

CREDIT REFERENCES (AT LEAST 2): _____ / _____

BANK: _____ BRANCH: _____

EMERGENCY CONTACT[1]/ RELATIONSHIP: _____

EMAIL: _____

ADDRESS: _____ PHONE: _____

LIST OF PERSONS TO OCCUPY APARTMENT:

NAME	RELATIONSHIP

THE LANDLORD RESERVES THE RIGHT TO DENY ANY APPLICATION WITHOUT STATING A REASON FOR SO DOING. NO TENANCY IS CREATED BY THIS APPLICATION. LANDLORD SHALL HAVE NO LIABILITY IN THE EVENT IT IS UNABLE TO DELIVER POSSESION AT THE BEGINNING OF THE LEASE TERM.

APPLICATION FEES ARE NON-REFUNDABLE.
NOTE: Security Deposit is not to be applied to last month's rent.

_____ _____

Manager's Signature Date Applicant's Signature Date

[1] Applicant consents to NFA contacting the Emergency Contact in the event of an emergency, or if NFA or its employees or agents deem it reasonably necessary.

With my signature below, I am hereby authorizing for the release of any information requested by Northville Forest Apartments, LLC in order to complete my application for tenancy. I understand that whatever information obtained will be held in the strictest confidence.

Applicant's Signature

Apartment Number

Printed Name

Social Security Number

Date

Photo Identification Number *(Example: Driver's License, Passport, State ID)*

Copy Attached: Yes No

15544 Northville Forest Dr. * Plymouth, MI 48170 * Office: (734) 420-0888 * Fax: (734) 420-4008

Northville Forest Apartments **Residency Verification Request**

Northville Forest Apartment
15544 Northville Forest Drive
Plymouth MI 48170
Phone 734-420-0888
Fax 734-420-4008

Date_____

The person named below has submitted an application for housing with the the above owner. You were listed as having rented to this person. Your assistance in providing residency information and recommendations will be sincerely appreciated. Thank you

Resident's name_____
Address_____
Date(s) of Occupancy_____

_____
Request Submitted by

Applicants Authorization of this Inquiry
I hereby authorize this inquiry and consent to the release of any information regarding the above described rental.
Applicant's Signature _____Date Signed_____

Property Owner's or Management Agent's comments
Date move-in_____ Date Moved Out _____Still is resident_____
Monthly rent $_____Payment record ____on time _____occasionally late _____often late
Cleanliness/Care of Residence ___Good ____Average _____Poor Any Pets ___Yes ____No
Has there been any residents complaints about this person's conduct or have you had any cause to question the tenants conduct? _____Yes _____No _____explain
Would you rent to this tenant again? ___Yes _____No
Other Comments_____

Signature_____Title_____Date_____

NORTHVILLE FOREST APARTMENTS
15544 NORTHVILLE FOREST DR.
PLYMOUTH, MI 48170
(734)420-0888 FAX: (734)420-4008

RELEASE OF EMPLOYMENT INFORMATION

By signing this form the employee is giving permission to release his/her employment information to NORTHVILLE FOREST APARTMENTS for the sole purpose of renting an apartment:

Employee Name:_____

Signature of Employee:_____

Date:_____

Fax# of where to fax information:_____

VERIFICATION OF EMPLOYMENT

The following are questions that we need answered because
_____**has applied for an apartment at NORTHVILLE FOREST APARTMENTS.**

Company Name:_____

How long has Employee been employed:_____

Does this Employee work a forty hour week:_____

Signature of Manager or Employer:_____

Print Name of Manager or Employer that signed above:

_____

Phone number where the above can be reached:_____

Thank you for your cooperation in this matter.
NORTHVILLE FOREST APARTMENTS MANAGEMENT