

OAKVIEW SQUARE APARTMENTS RENTAL APPLICATION

50440 OAKVIEW DR, CHESTERFIELD, MI 48047

PROVIDING A CLEAN AND COMFORTABLE LIVING ATMOSPHERE

Pet _____ Carport _____ Date _____

W/D Rent _____ W/D Own _____ Potential Move In Date: _____

Property Address _____	Number of persons to occupy apt. _____
Term of lease _____	Rental rate _____
Applicant's name _____	Birthday _____
Co-Applicant's name _____	Birthday _____
Present Address _____	Phone Number _____
Children's Name(s) _____	Ages _____
Present Landlord _____	Who to Contact _____
Address _____	Phone Number _____
How Long at Present Address _____	
If you have lived there less than five years what was your previous address/dates _____	

APPLICANT'S EMPLOYMENT INFORMATION

Applicant's Employment _____	How long? _____
Address _____	Who to contact to verify employment _____
Phone # _____	Your Position _____
Monthly Gross Income _____	Social Security # _____

CO-APPLICANT'S EMPLOYMENT INFORMATION

Co-Applicant's Employment _____	How long? _____
Address _____	Who to contact to verify employment _____
Phone # _____	Your Position _____
Monthly Gross Income _____	Social Security # _____

APPLICANT'S BANKING INFORMATION

Applicant banks at _____	Branch _____
Checking Account Number _____	Savings Account Number _____

IN MAKING THIS APPLICATION IT IS MUTUALLY AGREED BETWEEN OAKVIEW SQUARE APARTMENTS AND THE PROPOSED TENANT

(1) Possession of the above described premises will not be given to the tenant until this application has been verified and approved by the landlord.

(2) The landlord will either accept or reject the application within three days from the date of application, which the landlord may reject without stating any reason whatsoever for doing.

(3) If the balance of the first's months' rent and security deposit are not paid within five days after the application is accepted, the said deposit will be forfeited to the landlord as liquidated damages.

(4) Have you ever been convicted of a felony? Yes _____ No _____

If Yes than what _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____

If Yes than what _____

****Failure to report a felony/misdemeanor will result in automatic termination of lease/application****

(5) If you require a pet for assisted living you must bring in documentation stating that from a qualified agency along with this application.

(6) There is a **non-refundable** Application fee of \$25.00 due with application.

(7) We must have a copy of Driver's license and Social Security card at the time of application.

Name of nearest relative not living with you _____ Phone # _____

Address _____

Applicant's signature

Date

Make/Model/Color of Automobile

License Plate Number

Drivers License Number

E-mail Address

OAKVIEW SQUARE APARTMENTS

Consent to Credit and Criminal Background & Reference Check

I authorize Oakview Square Apartments to obtain information about me from my credit sources, current and previous landlords and employers, criminal background and personal references. I authorize my credit sources, current and previous landlords and employers, and personal references to disclose to Oakview Square Apartments such information about me as Oakview Square Apartments may request.

Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Applicant Signature: _____ Date: _____

**** NEED COPY OF DRIVERS LICENSE & SS CARD WITH APPLICATION ****

**** ALL OCCUPANTS 18 AND OVER MUST FILL OUT INDIVIDUAL CONSENT FORM ****

Oakview Square Apartments, LLC

EMPLOYMENT VERIFICATION

***** TO BE FAXED/EMAILED TO EMPLOYER BY OAKVIEW SQUARE APARTMENTS ONLY *****

Company Name: _____

Company Address: _____

Phone Number: _____ Fax Number: _____

Applicants Name: _____

Social Security Number: _____

The applicant listed above has applied for an apartment home. The information below must be verified to determine eligibility. Please complete the following information and return this form as soon as possible.

Phone: 586.598.0300 Email: rentoakview@comcast.net Fax: 586.598.1999

Position/title: _____ Hire Date: _____

Hourly Rate/Salary Wages: \$ _____

Average number of hours/week: _____ Number of weeks/year: _____

Date of next raise: _____ Amount of next raise: \$ _____

Average hours of overtime/week: _____ Tips/week: \$ _____

Bonuses/Commission: \$ _____ Gross Earnings/Year: \$ _____

Comments:

Signature of Source: _____ **Title:** _____

Date form was completed: _____ **Contact Number:** _____

Oakview Square Apartments, LLC

LANDLORD VERIFICATION

*** TO BE FAXED/EMAILED TO LANDLORD BY OAKVIEW SQUARE APARTMENTS ONLY ***

Property Name: _____

Property Address: _____

Phone Number: _____ Fax Number: _____

Applicants Name: _____

Applicants Address: _____

Dates of Occupancy: _____

The applicant listed above has applied for an apartment home. The information below must be verified to determine eligibility. Please complete the following information and return this form as soon as possible.

Phone: 586.598.0300 Email: rentoakview@comcast.net Fax: 586.598.1999

Dates of Occupancy: _____ Monthly payment: \$ _____ Was rent paid on time? _____

How many late payments in the last 12 months? _____ Did this tenant have any pets? _____

Was the unit maintained in a safe and sanitary manner? _____

Any unauthorized occupants in the unit? _____ Is there a balance owed? _____

IF SO, how much? _____ Any tenant damages? _____

Have you ever begun eviction proceedings against this person? _____

Did this person give proper move-out notice? _____

Comments: _____

Signature of Source: _____ **Title:** _____

Date form was completed: _____ **Contact Number:** _____

OAKVIEW SQUARE APARTMENTS, LLC

Renter's Insurance

Dear Future Resident,

While we are proud of our reputation for quality of life, everyday accidents happen - even when people are careful!

To help protect everyone here at Oakview Square Apartments we require all Residents to carry a Renter's Insurance Policy (Broad Form Policy).

This policy is required to contain the following, **and we will confirm at lease signing:**

- Proof of a \$300,000 minimum liability (property damage) insurance policy.
- Policy must provide coverage for damage due to fire, smoke, explosion and water.
- Oakview Square Apartments must be named "Interested Party", "Additional Interest", or "Certificate Holder."

You are free to select any insurance provider as long as the above coverage requirements are met.

Sincerely,

Management
Oakview Square Apartments LLC

QUALIFICATIONS

1) MONTHLY INCOME

One person's monthly gross income shall be **3 ½ times** the rental rate. Combining more than one income to satisfy the income requirement is not allowed. One source of Income.

2) LENGTH OF TIME ON THE JOB

The guideline for length of time on the job is One Year.

3) PAYMENT HISTORY

Must have established credit demonstrating an ability to make timely payments. A credit report is used for this purpose.

4) RENTAL HISTORY (if available)

We will obtain a rental history from your current landlord to insure that your rental payments were made in a timely fashion. We do go back five years.

5) WE DO NOT ACCEPT CO-SIGNERS

6) MUST PASS CRIMINAL BACKGROUND CHECK

WHEN TURNING IN APPLICATION PLEASE INCLUDE:

- **Completed application**
- **Completed release form, copy of driver's license and social security card for everyone 18 and over**
- **Copy of the applicants last four check stubs (from main applicant only)**
- **\$25.00 application fee (Check or Money Order)**