

CLAIRRIDGE ESTATES APARTMENTS RENTAL APPLICATION

36780 Harper Ave, Clinton Twp, MI 48035 (586)791-8450

PROVIDING A CLEAN AND COMFORTABLE LIVING ATMOSPHERE

Date _____

Potential Move In Date: _____



Property Address _____	Number of persons to occupy apt. _____
Term of lease <u>ONE YEAR</u>	Rental rate _____
Applicant's name _____	Birthday _____
Additional occupant'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 and dates lived there: _____	

APPLICANT'S EMPLOYMENT INFORMATION

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

ADDITIONAL OCCUPANTS' EMPLOYMENT INFORMATION

Additional Occupant's Employment _____ How long? _____
Address _____
Phone # _____ Your Position _____

NOTES/ADDITIONAL INFO:

**IN MAKING THIS APPLICATION IT IS MUTUALLY AGREED BETWEEN CLAIRRIDGE ESTATES 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, all move in fees are paid, and formal lease is signed.

(2) The landlord will either accept or reject the application within 5 days from the date of application, which the landlord may reject without stating any reason whatsoever for doing.

(3) A \$200 holding deposit must be paid within three days after the application is accepted. This amount is taken off the total due at time of move-in. If you cancel your move in, 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, when and what _____

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

If yes, when and what _____

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

(5) Do you or anyone who will be living with you have/require a service/therapy/support animal? Yes _____ No _____

If so, you must include documentation stating that from a qualified agency along with this application.

(6) There is a **non-refundable** Application fee of \$50.00 due with application. (Per Person 18 years and older)

(7) We must have a copy of your Driver's license and Social Security card/# at the time of application (everyone 18 and older)

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

Relationship to relative _____

Address _____

Applicant's signature

Date

Year/Make/Model/Color of Automobile

License Plate Number

Driver's License Number

E-mail Address

May we send you formal communication & notices regarding your residency to this email? Yes _____ No _____

Signature _____ *If your email changes it is your responsibility to notify us of your new email in writing ASAP.*

CLAIRRIDGE ESTATES APARTMENTS

Consent to Credit and Criminal Background & Reference Check

I authorize Clairridge Estates 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 Clairridge Estates Apartments such information about me as Clairridge Estates 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 ****

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Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Additional Occupant Signature: _____ Date: _____

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

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

Clairridge Estates Apartments, LLC

EMPLOYMENT VERIFICATION

***** TO BE EMAILED TO EMPLOYER BY CLAIRRIDGE ESTATES APARTMENTS ONLY *****

Company Name: _____

Company Address: _____

Phone Number: _____ Email Address: _____

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: 586-791-8450 Fax: 586-790-8120 Email: rentclairridge@gmail.com

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:** _____

Clairridge Estates Apartments, LLC

LANDLORD VERIFICATION

***** TO BE EMAILED TO LANDLORD BY CLAIRRIDGE ESTATES APARTMENTS ONLY *****

Property Name: _____

Property Address: _____

Phone Number: _____ Email Address: _____

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: 586-791-8450 Fax: 586-790-8120 Email: rentclairridge@gmail.com

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? _____ How Many Occupants? _____

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:** _____

CLAIRRIDGE ESTATES 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 Clairridge Estates 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.
- **Clairridge Estates Apartments** must be named "Interested Party", "Additional Interest", or "Certificate Holder."
- **Address for additional interest:** 36780 Harper Ave, Clinton Twp, MI 48035. Email: rentclairridge@gmail.com, Fax # 586-790-8120

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

Sincerely,

Management
Clairridge Estates Apartments LLC

QUALIFICATIONS

1) **MONTHLY INCOME**

One person's monthly gross income shall be **3 ½ times** the rental rate.

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 ensure that your rental payments were made in a timely fashion. We do go back five years.

5) **WE DO NOT ACCEPT CO-SIGNERS**

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**
- **\$50.00 application fee per person 18 years and older**