



# MIGIZI

ECONOMIC DEVELOPMENT CO.

A Division of the Saginaw Chippewa Indian Tribe

7070 East Broadway Apartments, Mount Pleasant, MI 48858

Phone: (989) 775-4000 • Fax: (989) 775-4210

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## RESIDENTIAL APPLICATION TO LEASE

Please complete this application with all pertinent details. This information requested provides the basis for our selection of the best neighbors for you and all residents. If accepted as a resident, this application will become part of the lease agreement.

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**APPLICANT NAME**

**DATE**

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**CO-APPLICANT NAME**

**DATE**

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**NUMBER OF BEDROOMS REQUIRED**

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**DESIRED HOUSING TYPE (SINGLE FAMILY OR APARTMENT)**

**\$30.00**

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**NON-REFUNDABLE APPLICATION FEE**

**DATE RECEIVED**

<b>Applicant Information</b>			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:		How long?
Single    Married    Divorced    (Please circle)	Driver's License Number:		
<b>Landlord Information</b>			
Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:			How long?
<b>Employment Information</b>			
Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	
<b>Emergency Contact</b>			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
<b>Personal References</b>			
Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:			How long?
Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:			How long?
<b>Bank References</b>			
Bank Name:		Checking Account No.	
Address:			
City:	State:	Zip Code:	
Bank Name:		Savings Account No.	
Address:			
City:	State:	Zip Code:	

<b>Co-Applicant Information</b>			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:		How long?
Single    Married    Divorced    (Please circle)	Driver's License Number:		
<b>Co-Applicant Landlord Information</b>			
Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:			How long?
<b>Co-Applicant Employment Information</b>			
Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	
<b>Co-Applicant Emergency Contact</b>			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
<b>Co-Applicant Personal References</b>			
Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:			How long?
Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:			How long?
<b>Co-Applicant Bank References</b>			
Bank Name:		Checking Account No.	
Address:			
City:	State:	Zip Code:	
Bank Name:		Savings Account No.	
Address:			
City:	State:	Zip Code:	

Description of Pets		
Type:	Size:	
Type:	Size:	
Name of Other Occupants		
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Vehicle Information		
How many vehicles would you keep at this address (including company vehicles)?		
Make	Model	Year
Color	License Plate No	State
Make	Model	Year
Color	License Plate No	State

Have you ever broken a lease agreement by moving before it expires? \_\_\_\_\_ (Yes or No)

Have you ever been evicted from any type of housing? \_\_\_\_\_ (Yes or No)

How long have you lived in Mount Pleasant? \_\_\_\_\_ Where previously? \_\_\_\_\_

### Authorization for Credit Check

**By signing this Application below, Applicant(s) hereby authorizes landlord to contact all references identified above and obtain a credit report regarding Applicant's credit history.**

Applicant(s) represent(s) to the lessor that the information listed above is true and correct, and that the same is given for the purpose of securing a lease agreement on the above-described property.

The application fee mentioned above has been deposited with the lessor by applicant(s) upon the understanding that the deposit shall be retained to cover the cost of taking and processing this application. This deposit shall be non-refundable under all terms.

The application is made with the understanding that it is subject to acceptance and execution by an authorized representative of the lessor, and delivery of a lease covering the premises.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\*Disclosure: Applicant will be disqualified if application is not fully completed.

Accepted or Rejected By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_