

APPLICATION FOR OCCUPANCY

PERSONAL (please print)

APPLICANT NAME	ARE YOU 18 OR OLDER? <input type="checkbox"/> YES	ARE YOU 62 OR OLDER? <input type="checkbox"/> YES	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. OR GOV'T. PHOTO ID NO.
CO-APPLICANT/SPOUSE	ARE YOU 18 OR OLDER? <input type="checkbox"/> YES	ARE YOU 62 OR OLDER? <input type="checkbox"/> YES	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. OR GOV'T. PHOTO ID NO.
NUMBER & STREET	APPLICANT HOME PHONE	OTHER PHONE NUMBER	E-MAIL ADDRESS	
CITY/STATE/ZIP	CO-APPLICANT HOME PHONE	OTHER PHONE NUMBER	E-MAIL ADDRESS	
OTHER OCCUPANTS NAME	RELATIONSHIP	SOCIAL SECURITY NO.	HOW MANY BEDROOMS ARE YOU REQUESTING? _____	

Does your household require any accessibility features? Yes No Describe: _____

Does your household have any reasonable accommodation requests? Yes No Describe: _____

INCOME (If more than 3 sources of income attach additional sheet.)

CURRENT SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			
2ND SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			
3RD SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			

RESIDENCE HISTORY

PRESENT LANDLORD OR MORTGAGE HOLDER NAME	TELEPHONE NO.	HOW LONG?	REASON FOR LEAVING
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY RENT / MORTGAGE			
PREVIOUS LANDLORD OR MORTGAGE HOLDER NAME	TELEPHONE NO.	HOW LONG?	REASON FOR LEAVING
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY RENT / MORTGAGE			
IN CASE OF EMERGENCY NOTIFY (other than occupant)	TELEPHONE	DO YOU HAVE ANY PETS? IF SO, SPECIFY (type, breed, adult weight)	

HOW DID YOU HEAR ABOUT OUR COMMUNITY?

- | | |
|---|--|
| <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> DRIVE BY |
| <input type="checkbox"/> YELLOW PAGES | <input type="checkbox"/> DIRECT MAIL |
| <input type="checkbox"/> APARTMENT GUIDES | <input type="checkbox"/> REFERRED BY _____ |
| <input type="checkbox"/> INTERNET | <input type="checkbox"/> OTHER _____ |



(PLEASE SEE REVERSE SIDE)



APPLICATION FOR OCCUPANCY Continued

Applicant has submitted the sum of \$ _____ which is nonrefundable payment for a credit check, and/or criminal conviction check. _____

Applicant Initials

I hereby deposit \$ _____ with Management as a good faith deposit in connection with this application. If application is approved and tenancy taken, this deposit shall apply to initial move-in costs in accordance with the terms of the lease/occupancy agreement. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit. If application is denied, Management will refund this good faith deposit in full. I understand that it may take up to 30 days for me to receive a refund if I cancel within 72 hours or if my application is denied. I hereby agree to the above terms and conditions. _____

Applicant Initials

I (we) certify that the preceding information is accurate and complete and I (we) acknowledge that inaccuracies and/or omissions may be the basis for Management's immediate cancellation of our application. I (we) also authorize Management to verify the accuracy and correctness of these statements, to communicate with my employer and creditors, and to procure such other information which Management may require to evaluate this application.

WHAT DATE WOULD YOU LIKE TO MOVE IN? _____

APPLICANT	DATE
CO-APPLICANT/SPOUSE	DATE
MANAGEMENT AGENT	DATE AND TIME

REASON APPLICATION DECLINED:

Unfavorable credit check

Unfavorable criminal conviction history

Unfavorable report from previous landlord

Incorrect information

Number of occupants

Other _____

MONIES DELIVERED WITH THIS APPLICATION

Deposit\$ _____

Credit Check Fee\$ _____

Pet Fee / Deposit\$ _____

Other\$ _____

TOTAL\$ _____

Approved or Declined By _____ Date _____

We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes.

Application Update(s)

Office Use Only:

Date: _____ New Information: _____



CONSENT FOR CREDIT AND CRIMINAL BACKGROUND CHECKS

I understand that Cambridge Club Apartments and Midwest Management Co., may obtain and review information contained in credit reports and criminal history, to evaluate my qualification for residency or to be an occupant. You considered a occupant if you stay in the apartment home 30 days or more per year.

I authorize Cambridge Club Apartments and Midwest Management Co. to obtain my credit report and criminal history for use in considering my application as a resident or occupant and at any later date if there is cause for so long as I am a resident or occupant.

Date _____ Signature _____

Date _____ Signature _____

Date _____ Signature _____

CRIMINAL BACKGROUND CHECK ONLY FOR OCCUPANT(S)

Date _____ **Signature** _____ **Birth Date** _____
Print Name _____ **Month/Day/Year**
Social Security # _____

Date _____ **Signature** _____ **Birth Date** _____
Print Name _____ **Month/Day/Year**
Social Security # _____

Date _____ **Signature** _____ **Birth Date** _____
Print Name _____ **Month/Day/Year**
Social Security # _____

EMPLOYMENT VERIFICATION

Dear Employer:

I _____ Social Security # _____
(Please print name)

have an application in process for occupancy at **Cambridge Club Apartment home community.**

To process the rental application I permit you to release the following information to them.

Please complete this form and return it to the community. Thank you for you assistance.

Signed: _____ Date: _____
(Employee Signature)

This release for information will expire thirteen (13) months from the date of signature.

Company Name: _____

Position with Company: _____

Starting Date: _____ Type of Employee: Full Time _____ Part-
Time _____ Temp. _____

Gross Salary (please specify weekly or monthly): _____
(If hourly please specify hourly rate and average hours worked per week)

Is his/her employment expected to continue: _____ Yes _____ No

Signed: _____ Title _____

Please print Name: _____ Date _____

Telephone Number: _____ Facsimile
Number: _____

Please **Fax back to (734)930-1930**
Your Fast Response is appreciated

programs/documents/moveins/employmentverivacation

LANDLORD VERIFICATION

Dear _____

_____ has an application in process for occupancy at Cambridge Club Apartments.

My address in your community is/was _____

Your name has been provided as a landlord reference. We would appreciate your cooperation in determining whether or not the above individual(s) will meet our qualifying criteria. Please complete this form and return it to our community. Thank you for your assistance.

I authorize you to release the following information to CAMBRIDGE CLUB APARTMENTS.

Signature _____ Date _____

This release for information will expire thirteen (13) months from the date of signature.

Please verify that _____ is/was a resident at the address indicated.

Is this applicant a _____ Current or _____ Former resident?

What were/are the lease dates? From _____ to _____

Did the applicant have a roommate(s)? _____ Yes _____ No

Amount of rent due: _____

Were rental payments made on a timely basis? _____ Yes _____ No

If no, how many late payments were received? _____

Were late fees paid? _____

Did you ever have to file in court in order to collect rent? _____ Yes _____ No

If yes, did you take judgements? _____ Yes _____ No. Has it been satisfied? _____ Yes _____ NO

Is there currently any outstanding balance? _____ Yes _____ No Amount: _____

Did the applicant adhere to the rules and regulations and terms of the lease during their occupancy? _____ Yes _____ No. If no, please elaborate _____

Have you received any complaints with regard to their apartment home? _____ Yes _____ No

If yes, please elaborate _____

Were there any damages to the premises? _____ Yes _____ No

Would you rent to this applicant again? _____ Yes _____ No

Please list an additional information you would like to provide: _____

Signed: _____ Title: _____

Please print name: _____ Date: _____

Telephone Number: _____ Facsimile Number: _____

Thank you for your prompt attention! PLEASE FAX COMPLETED FORM TO 737-930-1930

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f)(g) and (h).