



228 S. Waverly Rd.
Lansing, MI 48917
Telephone 517 332-2502
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www.gdiproperties.com

RENTAL APPLICATION



Property: Mason Manor Townhomes
 Date: _____ Expected Move-In: _____ Lease Term: _____ Unit Size: _____
 How did you hear about us? Referral _____ Drive-by _____ Newspaper _____ Yellow Pages _____
 Resident _____ Other

Notice: A separate application must be filled out for each adult in the apartment, except in the case of husband and wife.

GENERAL INFORMATION

NAME(S) TO APPEAR ON LEASE

LAST	FIRST	M. INITIAL	SSN	DOB
SPOUSE LAST	FIRST	M. INITIAL	SSN	DOB

ALL OTHER OCCUPANTS TO LIVE IN APT.

LAST	FIRST	M. INITIAL	DOB
LAST	FIRST	M. INITIAL	DOB
LAST	FIRST	M. INITIAL	DOB
LAST	FIRST	M. INITIAL	DOB

RESIDENCE HISTORY FOR PAST 2 YEARS

PRESENT ADDRESS	CITY, STATE, ZIP	MONTHLY PMT	AREA CODE-PHONE	HOW LONG
NAME OF APT./LANDLORD/MORTGAGE CO.		AREA CODE-PHONE	REASON FOR LEAVING	
PREVIOUS ADDRESS (if less than 1 year at above)	CITY, STATE, ZIP	MONTHLY PMT	AREA CODE-PHONE	HOW LONG
NAME OF APT./LANDLORD/MORTGAGE CO.		AREA CODE-PHONE	REASON FOR LEAVING	

Have you ever been evicted? _____ If so, why? _____

VERIFICATION OF RESIDENCE (For Office Use Only):

Talked to: _____ Date _____

PERSONAL INFORMATION

Driver's License: _____ Vehicle: _____
NUMBER STATE EXP. DATE MAKE/MODEL YEAR TAG # STATE

Second Vehicle: _____ Other Vehicles: _____
MAKE/MODEL YEAR TAG # STATE MAKE/MODEL YEAR TAG # STATE

Do you own a motorcycle, van, boat, trailer or camper? If so, please specify: _____

PETS (if applicable): Breed _____ Color _____ Weight _____ lbs.

1) In case of emergency, notify: _____ Wk. Phone _____ Hm. Phone _____
 Street Address _____ Relationship _____

2) In case of serious illness or death of resident, is the above authorized to enter apt. & remove contents? Yes _____ No _____

3) In case of serious illness or injury, contact the following physician: _____ Phone _____

4) In case of serious illness or injury of applicant or applicant's guests/occupants, does applicant authorize owner to contact Emergency Medical Service (or the equivalent) at applicant's expense?* Yes _____ No _____

**However, owner shall not be legally obligated to contact physician or EMS (or its equivalent) in case of serious illness or injury.*

EMPLOYMENT INFORMATION

YOUR EMPLOYMENT STATUS: Full Time Part Time Student Retired Unemployed

PRESENT EMPLOYER

NAME OF EMPLOYER _____ BUSINESS ADDRESS _____ TELEPHONE _____
POSITION _____ SUPERVISOR _____ MONTHLY WAGES _____ HOW LONG EMPLOYED _____

PREVIOUS EMPLOYER

(If present less than 6 mos.)

NAME OF EMPLOYER _____ BUSINESS ADDRESS _____ TELEPHONE _____
POSITION _____ SUPERVISOR _____ MONTHLY WAGES _____ HOW LONG EMPLOYED _____

SPOUSE'S PRESENT EMPLOYER

NAME OF EMPLOYER _____ BUSINESS ADDRESS _____ TELEPHONE _____
POSITION _____ SUPERVISOR _____ MONTHLY WAGES _____ HOW LONG EMPLOYED _____

SPOUSE'S PREVIOUS EMPLOYER

(If present less than 6 mos.)

NAME OF EMPLOYER _____ BUSINESS ADDRESS _____ TELEPHONE _____
POSITION _____ SUPERVISOR _____ MONTHLY WAGES _____ HOW LONG EMPLOYED _____

ADDITIONAL SOURCES OF INCOME: _____

1. _____
2. _____
3. _____

VERIFICATION OF EMPLOYMENT (For Office Use Only):

Talked to: _____ Date _____

I certify that the facts set forth in this RENTAL APPLICATION (a copy of which has been supplied to me) are true and complete to the best of my knowledge and belief. I understand that a knowing false statement on this application is grounds for denial, termination of lease, and/or eviction. I consent that the information above may be verified, and I further authorize the owner to make any investigation of my residence history, employment history, and credit/financial references. All such information hereon will be kept confidential.

I agree that the required Application Fee of \$ _____ received by management on _____ will not be refunded for any reason. I further agree that any Application Deposit received by management (\$ _____ given on _____) will be applied toward the Security Deposit, which must be paid in full before occupancy and may not be applied as rent; the first month's rent must also be paid before occupying an apt. If I decide not to move in after this RENTAL APPLICATION has been accepted, I agree that the Application Deposit will not be refunded. If my application is denied, this deposit will **not be** refunded. If I feel that my RENTAL APPLICATION has been unfairly denied, I understand I have the right to call _____ to request additional consideration. I understand that this is an application only, and I acquire no rights in an apartment until said application is approved, I pay the required deposit, and I sign a Lease Agreement. At that time, this application would become part of the Lease.

Applicant Signature: _____ Spouse Signature: _____

Date: _____ Date: _____

It is our policy to rent to qualified persons regardless of race, color, religion, sex, national origin, handicap, or familial status, and in compliance with all federal, state, and local laws.