



228 S. Waverly Rd.  
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# RENTAL APPLICATION



Property: SandRidge Townhouses and Apartments  
 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 SS# DOB  
 SPOUSE LAST FIRST M. INITIAL SS# 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: \_\_\_\_\_ NUMBER STATE EXP. DATE  
 Vehicle: \_\_\_\_\_ MAKE/MODEL YEAR TAG # STATE  
 Second Vehicle: \_\_\_\_\_ MAKE/MODEL YEAR TAG # STATE  
 Other Vehicles: \_\_\_\_\_ 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.*