GDI Properties, Inc.
517-323-2502
www.gdiproperties.com

228 S. Waverly Road
Lansing, MI 48917
Telephone: (517) 323-2502
Fax: (517) 712-1408

RENTAL APPLICATION

Property: _____

Date: _____ Expected Move-In: _____ Lease Term: _____ Unit Size: _____

How did you hear about us? *Referral* *Drive-by* *Resident* → _____ *Other*

Notice: A separate application must be filled out for each adult in the unit, except in the case of spouses.

GENERAL INFORMAITON: Name(s) to appear on lease

Last	First	M. Initial	SS#	D.O.B.	Phone #
Spouse Last	First	M. Initial	SS#	D.O.B.	Phone #

ALL OTHER OCCUPANTS TO LIVE IN UNIT:

Last	First	M. Initial	SS#	D.O.B.
Last	First	M. Initial	SS#	D.O.B.
Last	First	M. Initial	SS#	D.O.B.
Last	First	M. Initial	SS#	D.O.B.

RESIDENCE(S) HISTORY FOR PAST 2 YEARS:

Present Address	City, State, Zip	Monthly PMT	Phone #	Duration
Name of APT/Landlord/Mortgage Co.		Phone #	Reason for Leaving	
Previous Address (if less than 1 year at above)	City, State, Zip	Monthly PMT	Phone #	Duration
Name of APT/Landlord/Mortgage Co		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

2nd Vehicle: _____ *3rd Vehicle:* _____
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_____ Relationship: _____

2) In case of serious illness or death of resident, is the above authorized to enter unit and 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.*

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EQUAL HOUSING OPPORTUNITY

EMPLOYMENT INFORMATION:

Your employment status: Full-Time Part-Time Student Retired Unemployed

Present Employer: _____ _____ _____
Name of Employer Business Address Phone #

_____ _____ _____ _____
Your Position Supervisor Name Monthly Wages How long employed

Previous Employer (If present less than 6 months): _____ _____
Name of Employer Business Address

_____ _____ _____ _____ _____
Phone # Your Position Supervisor Name Monthly Wages How long employed

Spouses Employer: _____ _____ _____
Name of Employer Business Address Phone #

_____ _____ _____ _____
Your Position Supervisor Name Monthly Wages How long employed

Spouses Previous Employer (If present less than 6 months): _____ _____
Name of Employer Business Address

_____ _____ _____ _____ _____
Phone # Your Position Supervisor Name Monthly Wages How long employed

ADDITIONAL SOURCES OF INCOME:

1. _____ 2. _____

3. _____ 4. _____

VERIFICATION OF EMPLOYMENT (For Office Use Only):

Talked to: _____ Date: _____

I certify that the facts set forth in this RENTAL APPLICATION 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, if approved, 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 a unit. 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 that I have the right to call the management company to request additional consideration. I understand that this is an application only, and I acquire no rights of a unit 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 Agreement.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

NAME OF APPLICANT: _____

ADDRESS: _____

SOCIAL SECURITY _____

WORK DIVISION OR I.D. NUMBER _____

I HEREBY GIVE MY APPROVAL FOR VERIFICATION OF MY EMPLOYMENT AND SALARY STATUS:

_____

APPLICANT'S SIGNATURE DATE:

NAME ADDRESS & PHONE NUMBER OF APPLICANT'S EMPLOYER:

_____

_____

_____

_____

TO EMPLOYER:
THE ABOVE NAMED APPLICANT HAS MADE AN APPLICATION FOR RESIDENCY AT SAND RIDGE TOWNHOUSES & APTS. THE APPLICANT HAS INDICATED THAT YOU EMPLOY HIM (SHE), AND WOULD APPRECIATE IT IF YOU WOULD CONFIRM THIS EMPLOYMENT INFORMATION.

EMPLOYER'S VERIFICATION

PRESENT POSITION: _____ WORK STATUS: (FULL TIME OR PART TIME)
DATE HIRED: _____

PRESENT RATE OF PAY:
HOURLY $_____ X _____ HRS./WK X_____WK/YR.
WEEKLY $ _____ X _____ WK/YR.
ANNUAL $ _____PER YEAR

ADDITIONAL COMPENSATION:

OVERTIME: _____
COMMISSIONS: _____
BONUS: _____
TIPS: _____

PROBABILITY OF CONTINUED EMPLOYMENT: _____

_____ _____
EMPLOYER'S SIGNATURE DATE:

_____ _____
TITLE PHONE NUMBER

THANK YOU FOR YOUR ASSISTANCE

_____
SAND RIDGE TOWNHOUSES & APARTMENTS
228 S. WAVERLY ROAD, LANSING MI 48917 517/323-2502 PHONE/FAX 517-721-1408

GDI PROPERTIES, INC.
SANDRIDGE TOWNHOUSES & APARTMENTS
228 S. Waverly Road LANSING, MI 48917
517.323.2502 * 517.721.1408 fax
Email: www.george.danford@GDIproperties.com

To: _____ Date: _____ Number of Pages: _____

Fax: _____ Phone: _____

RENTAL HISTORY EVALUATION

The individuals below have applied for an apartment at our community and your name was given as a previous or current landlord. We would ask for your cooperation in determining whether these individuals will meet our qualifying criteria. **Please complete this form and return it via fax at your earliest convenience. If you cannot supply this information or have questions please email or telephone our office.** We thank you in advance for your cooperation.

Lease Dates? Beginning: _____ Ending: _____

Did applicant give a 30-Day notice to vacate? _____.

Monthly Rental Amount _____. Are utilities included _____.

Number of Late / NSF Payments in the last 12 months? _____

Any complaints: _____

Would you rent to them Again? Yes _____ NO _____

If "NO", please explain:

_____

_____

_____

_____ _____ _____

Name of Person Completing Title of Person Completing Date

By my signature below I authorize you to release the information above to GDI Properties, Inc.

APPLICANT NAME: _____ **SIGNATURE:** _____

APPLICANT NAME: _____ **SIGNATURE:** _____

APPLICANT CURRENT ADDRESS: _____ **DATE:** _____

_____