

APPLETREE APARTMENTS

44 Ida Red Avenue Sparta MI 49345 Phone: 616-887-1691 Fax: 616-887-5691

Complete the entire application and mail to the address above with a check for \$25.00 for the first applicant and \$15.00 for each additional applicant and a \$150 Reservation deposit.

Unit Requested: _____ Number of Bedrooms _____ Date Requested: _____

Legal Name: Last _____ First _____ Middle _____

Current Address _____ City _____ State _____ Zip _____

Former Address _____ City _____ State _____ Zip _____

E-Mail Address _____ Phone Number _____ Birth Date _____

Driver's License Number _____ Social Security Number _____

Auto # 1 Make & Year _____ Color _____ License Plate Number _____

Auto # 2 Make & Year _____ Color _____ License Plate Number _____

Current Landlord / Mortgage Holder _____ Phone Number _____

Landlord Address _____ Dates of Occupancy _____

Rental Rate / Mortgage Payment _____ Reason for moving _____

Previous Landlord _____ Phone Number _____

Landlord Address _____ Dates of Occupancy _____

Rental Rate / Mortgage Payment _____ Reason for moving _____

Have you ever been evicted? _____ Foreclosed upon? _____ If yes, explain why _____

Your Employer _____ Supervisor _____

Address _____ Dates of Employment _____

Phone Number _____ Job Title _____ Full/Part Time _____ Monthly Gross Income _____

Additional Monthly Income _____ Source _____

Previous Employer _____ Job Title _____

Dates of Employment _____ Phone Number _____

Pets: _____ Type/Breed: _____ Weight/Age _____ Type/Breed: _____ Weight/Age: _____

Emergency Contact: Name _____ Phone Number _____

Complete Address _____ Relationship _____

Please list 3 relatives/references who will not be living with you:

Name	Relationship	Address	City/State	Phone Number
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Names of ALL other people that will be occupying the apartment: 1 bedroom **-XX person limit 2 bedrooms -XX person**

1) _____	S.S. # _____	DOB _____	Relationship _____
2) _____	S.S. # _____	DOB _____	Relationship _____
3) _____	S.S. # _____	DOB _____	Relationship _____
4) _____	S.S. # _____	DOB _____	Relationship _____

I hereby authorize APPLETREE APARTMENTS to perform a credit check on all persons 18 years of age or older, a landlord or mortgage check, a criminal background check and employment verification check. Any falsification of the information can be grounds for denial and/or terms of lease. I agree to provide a copy of my driver's license/state identification card with this application. I agree to pay a non-refundable application fee. The approval of application is based on the criteria/rental policies held by Apple Tree Apartments.

All persons and/or firms named above and any court or credit information service may freely give any requested information concerning me/us and I/we waive all right of action for any consequences resulting from such information.

APARTMENT DEPOSIT AGREEMENT: I/We deposit \$ _____ with Apple Tree Apartments, as a good faith deposit in connection with this Application for Residency. If my/.our application is approved, I/we understand this amount will be applied towards the total security deposit due at move-in. If for any reason Management declines this application, then Management will refund this deposit minus an application fee of \$ _____. Because I/we have requested delayed occupancy and in consideration of Management holding the unit off the market, I/we agree to deposit an additional \$ _____ upon approval of my/our application, which will also be applied towards the total security deposit due at move-in. However, if I/we fail to occupy the premises on the agreed upon date, except for delays caused by construction, it is understood that both deposits shall be forfeited to Apple Tree Apartments, as liquidated damages, which I/we agree are reasonable in amount. If the additional deposit is not made within ten (10) days of the date of notice of acceptance of the application, I/we understand and agree that our initial deposit shall be forfeited to Apple Tree Apartments, as liquidated damages, which I/we agree are reasonable in amount, and the lease shall be terminated.

Signature _____ Date _____ Manager's Signature _____ Date _____