

*S & S Asset Management, Inc.*  
Property Management Division  
PO Box 23162  
Lansing, Michigan 48909  
517-367-0600

## Rental Application

FOR OFFICE USE ONLY	
DATE	_____
PROPERTY	_____
APT. NO.	_____ RENT \$ _____
AGENT	_____

*Please complete all requested information on the front and back of this form. Thank you for your interest in our apartments.*

Date of Application _____	Desired Date of Occupancy _____
Type and Size of Apartment Wanted (No. of Bedrooms, etc.) _____	

### PERSONAL INFORMATION

APPLICANT'S FULL NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No./State \_\_\_\_\_  
E-mail Address \_\_\_\_\_

CO-APPLICANT'S FULL NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No./State \_\_\_\_\_ Relationship \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Full Names of All Other Residents:	Relationship to You	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

How Many Pets Do You or Other Occupants Own? \_\_\_\_\_  
Kind of Pet, Breed, Weight and Age \_\_\_\_\_  
How Did You Hear About Our Property? \_\_\_\_\_

### RESIDENCE HISTORY

PRESENT ADDRESS \_\_\_\_\_  
Present Telephone \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Present Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_  
Previous Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_ Reason for moving \_\_\_\_\_

### EMPLOYMENT INFORMATION

PRESENT EMPLOYER \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_

CO-APPLICANT'S EMPLOYER \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

## BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH \_\_\_\_\_ Telephone \_\_\_\_\_

Checking Acct. No. \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_

Loan Acct. No. \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Account No. \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Account No. \_\_\_\_\_

OTHER REFERENCE \_\_\_\_\_

Address \_\_\_\_\_

## OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

Other Car, Motorcycle, etc. \_\_\_\_\_

Total Gross Monthly Household Income \$ \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_

Comments: \_\_\_\_\_

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? ☐ Yes ☐ No

Been evicted or asked to move out? ☐ Yes ☐ No Broken a Rental Agreement or Lease? ☐ Yes ☐ No

Been sued for damage to rental property? ☐ Yes ☐ No Declared Bankruptcy? ☐ Yes ☐ No

In Case of Personal Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.*

APPLICANT'S SIGNATURE \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

### FOR OFFICE USE ONLY — DO NOT WRITE BELOW

Date Application Received \_\_\_\_\_ Received By \_\_\_\_\_

REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord	
<input type="checkbox"/> Previous Landlord	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Previous Employ.	
<input type="checkbox"/> Co-Applicant Employ.	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Credit (1)	
<input type="checkbox"/> Credit (2)	
<input type="checkbox"/> Credit (3)	
<input type="checkbox"/> Other	

RECORD OF PAYMENTS RECEIVED		
Date	Description	Amount

THIS APPLICATION: ☐ Approved ☐ Not Approved

Date \_\_\_\_\_

By \_\_\_\_\_

Assigned to Apt. No. \_\_\_\_\_ Rent \$ \_\_\_\_\_

Apartment Address \_\_\_\_\_

Applicant Notified By \_\_\_\_\_

Anticipated Move-In Date \_\_\_\_\_

S & S Asset Management, Inc.  
7045 S. Cedar St., Ste #4  
Lansing, MI 48911  
517-367-0600  
F: 517-367-2866

## RENTAL HISTORY VERIFICATION

TO BE COMPLETED BY PREVIOUS LANDLORD/RESIDENT MANAGER/LEASING AGENT.

APPLICANT: \_\_\_\_\_

RENTAL ADDRESS: \_\_\_\_\_

APARTMENT COMMUNITY: \_\_\_\_\_

LANDLORD: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ DATE OF CALL: \_\_\_\_\_

DATE OF RESIDENCE: \_\_\_\_\_ TO \_\_\_\_\_

RENT AMT:\$ \_\_\_\_\_ UTILITIES INCLUDED: \_\_\_\_\_ HEAT \_\_\_\_\_ WATER \_\_\_\_\_ HOT WATER \_\_\_\_\_

NUMBER OF LATE PAYMENTS: \_\_\_\_\_ NUMBER OF NSF CHECKS: \_\_\_\_\_

EVER-FILED IN COURT: \_\_\_\_\_

NOISE COMPLAINTS? EXPLAIN: \_\_\_\_\_

PETS? PROBLEMS: \_\_\_\_\_

OTHER COMPLAINTS: \_\_\_\_\_

DID THEY BREAK LEASE? \_\_\_\_\_

IF CURRENT RESIDENT, WAS PROPER MOVE-OUT NOTICE GIVEN? \_\_\_\_\_ YES \_\_\_\_\_ NO

CONDITION OF APARTMENT ON MOVE-OUT: \_\_\_\_\_

ARE YOU RELATED TO THE APPLICANT? \_\_\_\_\_ YES \_\_\_\_\_ NO RELATION \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON VERIFYING INFORMATION

\_\_\_\_\_  
TITLE

I AUTHORIZE INFORMATION REGARDING MY RENTAL HISTORY TO BE RELEASED TO  
S & S ASSET MANAGEMENT, INC

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE RETURN FAX TO \_\_\_\_\_ AT \_\_\_\_\_

INQUIRING APARTMENT COMMUNITY

FAX #

ANY QUESTIONS, PLEASE CALL \_\_\_\_\_

OFFICE #

\_\_\_\_\_  
S & S REPRESENTATIVE

# *S & S Asset Management*

*Po Box 23162  
Lansing, Michigan 48909  
Phone (517) 367-0600  
Fax (517) 367-2866*

## *Employment Verification Form*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employer

How long has this employee been employed at your company? \_\_\_\_\_

What is there hourly rate? \_\_\_\_\_

How many hours per week? \_\_\_\_\_

Do you foresee their employment continuing? \_\_\_\_\_

\_\_\_\_\_  
Name of person completing verification and title

Thank you for your assistance.

**CRIMINAL HISTORY**

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor involving sexual misconduct? ☐ Yes ☐ No

APPLICANT REPRESENTS AND WARRANTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND AUTHORIZES VERIFICATION OF ABOVE INFORMATION, REFERENCES, CREDIT RECORDS AND CRIMINAL CHECKS. APPLICANT ACKNOWLEDGES THAT THE INCLUSION OF ANY FALSE INFORMATION HEREIN SHALL CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION, TERMINATION OF ANY RENTAL AGREEMENT AND RIGHT OF OCCUPANCY, AND/OR FORFEITURE OF THE GOOD FAITH DEPOSIT. APPLICANT HEREBY RELEASES OWNER/MANAGER, HIS/HER EMPLOYEES AND AGENTS, AND ANY FIRM OR PERSON SUPPLYING THEM WITH INFORMATION FROM ANY LIABILITY WHATSOEVER CONCERNING THE RELEASE OR USE OF THIS INFORMATION AND WILL HOLD THEM ALL HARMLESS FROM ANY SUIT OR REPRISAL WHATSOEVER.

ALL HOLDERS OF ANY SUCH INFORMATION ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL SUCH INFORMATION THEY HAVE CONCERNING APPLICANT.

APPLICANT FURTHER UNDERSTANDS THAT A VALID COPY OF THEIR DRIVERS LICENSE IS REQUIRED AT TIME OF APPLICATION.



ANY DEPOSIT MADE TO HOLD AN APARTMENT IS NON-REFUNDABLE AFTER 5 DAYS FROM APPLICATION APPROVAL.

The landlord reserves the right to deny any application without divulging the reason for doing so

\_\_\_\_\_ Date \_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date \_\_\_\_\_ Applicant Signature

## HOUSEHOLD COMPOSITION CERTIFICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

UNIT #: \_\_\_\_\_

PLEASE LIST YOURSELF, ALL DEPENDANTS AND ANY PERSON LIVING WITH YOU. \*ALL CHILDREN AGE 6 OR OLDER MUST HAVE A SOCIAL SECURITY NUMBER. THE SOCIAL SECURITY NUMBER IS TO BE REPORTED TO THE OFFICE.\*

NAME	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH CITY/STATE	SOCIAL SECURITY	OCCUPATION	ANNUAL INCOME

I/We certify that the information given above is an accurate account of our household composition and is our total household income for the next twelve months. I/We understand that false information will place me/us in violation of the terms of our lease and/or occupancy agreement and render me/us liable for prosecution.

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
EMERGENCY NUMBER

\_\_\_\_\_  
RESIDENTS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE/CO-RESIDENTS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_ I am over the income limit and paying the surcharge market rate. I do not wish to recertify at this time.

\_\_\_\_\_  
SIGNATURE