## APPLICATION FOR LEASE

APPLICANT INFORMATION:
Full Name (Last) BROWD (First) Leon (MI)
Social Security Number: 235 - 74 - 4320 Date of Birth: 67 159
Home Phone Number: ( ) - Work Phone Number: ( ) 129-1396
Cell: (240) 35% 4344 Email:
Proof of Identification: Type 45656767-147-3 Identification Number  JOHICIA Government / State Issue ID, such as Drivers License, Passport, State Identification Card, Etc.
Additional Resident Information:
Name of Co-Applicant(s):(Co-Applicants must fill out individual applications)
Name of Minor Occupant: Birth Date:
Name of Minor Occupant: Birth Date:
Name of Minor Occupant: Birth Date:
Total Number of Occupants to Live in the Apartment:
Do you have a pet? YES NO If yes, type of pet?
Would a Visual Smoke Detector be required due to a severe hearing loss?  YES
PRODUCTION OF THE PRODUCTION O
RESIDENCY INFORMATION: (Please provide a two year history)
Current Address: / / / / / / / / / / / / / / / / / /
Do you own or rent your current residence? OWN / RENT (circle one)
Name of Landlord or Community: 10 with Mt 53 fg. 25 Landlord's Daytime Phone Number: 10 Martia Che 240 - 615-383
Monthly Part Poid
Previous Address: 109/0 what for Op. Move In Date: 112 1ear 990
Previous Address: / / / / / / / / / / / / / / / / / /
Did you own or rent your previous residence? OWN / RENT (circle one)
Name of Landlord or Community:
Monthly Rent Paid:
EMPLOYMENT INCODMATION.
- 1 4801 Washingtonian OLVO
Employer: Sodex Address: Gaitheleburg, M.D. 2081
Dates of Employment: From 2614 to present.
Position Title: Floor Malance Income: \$1. IS ONE MELLOW Syearly 200 - 200 - 200 / 20
Human Resources Telephone Number:
Part Time Employer (if applicable):
Part Time Employer (frapplicable):  Name: Sun Lise Senia Lising Address: 7902 West paul Mive  Dates of Employment: From Joseph no wo present.  Position Title:
Dates of Employment: From Joseph no we present.  Presiston Title:  (City, State, Zip)  (City, State, Zip)
Position Title: Income: \$\frac{700}{00}\$. Weekly / Bi-Weekly / Yearly \( \frac{1}{0} \)
Human Resources Telephone Number: 064-361-3400
Other Income Sources: (Savings, Retirement, Verifiable Child Support, etc.)
Source: Verifiable Income: \$ Weekly / Bi-Weekly / Yearly
Bank Information: 5 C C
Name of Bank: Branch: Branch: Savings Account #: 80 20 162 09 9 Savings Account #:



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RE	LATIVE OR FRIENDS TO NOTIFY IN CASE OF AN EMERGENCY	SisteR	
1.	Full Name (Last) Che Address: Martha Address: Martha	(MI)	
	Home Phone Number: ( Work Phone Number: ( Email:	<u>-</u>	
2.	Full Name (Last) William V9- (First) Maky	(MI)	<u>-</u>
	Home Phone Number: ( Street ) (Unit) (City, State, Zip)  Cell Phone Number: ( Soft ) (Unit) (City, State, Zip)  Finall:		
QU	ESTIONNAIRE (Any unanswered "yes" or "no" question shall result in cancellation of your application.)		<del></del>
1.	Are you or is any member of your household currently involved in eviction proceedings?	Yes:	No:
2.	Has a Landlord issued you a Notice to Vacate due to lease violations in the past 7 years?  If yes- Date: Explain:	Yes:	No:
3.	Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony?	Yes:	No:
	If yes- Date: Explain:		
4.	Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sex crime?	Yes:	No:
	If yes- Date: Explain:		_
5.	Are you or is any member of your household listed on a registry of sexual offenders?  If yes- Explain:	Yes:	No:
6.	Have you or any member of your household ever been convicted of or pled guilty or "no contest" to illegal distribution or manufacture of a controlled substance?  If yes- Date: Explain:	Yes:	No:
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7.	Are you or is any member of your household an illegal user of a controlled substance?	Yes:	No: U
8.	Have you or has any member of your household ever been or currently is a member of a gang?	Yes:	No:
appro lease	e read the foregoing and certify that the information herein is TRUE and CORRECT and that this application is aval of this application on my behalf. Any false statement on the application may lead to the rejection of my appl. Further, if I subsequently am involved in conduct which would result in a "yes" response to any of the question and take possession of the apartment home), I understand that Landlord may terminate the Lease.	ication or immediate ter	rmination of my
I agr prese prosp docui upon	the to lease the premises and hereby tender a non-refundable application fee. I understand that occupancy is sunt occupant. The application fee(s) per applicant have been deposited by Landlord, with the clear understanding ective occupant, is subject to approval by Landlord in its sole discretion. The applicant understands that he/she ments within 48 hours of the application date or this application will be automatically cancelled by management approval of this application he/she is required to sign a "Commitment to Lease" agreement and pay \$200.00 "within 48 hours of approval notification or the application will be automatically cancelled by management.	g that this application, a must provide the requit.  The applicant also is	along with each ired verification understands that
agenc	Authorized Verification Release cant authorizes prospective landlord to verify the accuracy of all statements in this application through criminaties, both present and previous employers and landlords, and other sources, as Landlord deems necessary. I release tyone providing verification information from all liability for any damage whatsoever incurred in obtaining and for	se Landlord, its employ	ees and agents

The Civil Rights Act of 1968, as amended by the Fair Housing Act Amendments of 1988, prohibits discrimination in housing based on race, color, national origin, religion, sex, handicap, or familial status. The management of this property is committed to complying with the letter and spirit of the laws which provide an equal housing opportunity to all. The federal agency which administers compliance with the fair housing laws is the United States Department of Housing and Urban Development.