

APPLICATION FOR RENTAL

TENANT:

NAME _____ D.O.B. _____ AGE _____ S.S# _____
Drivers License # _____ Present Address _____
City _____ State _____ Zip _____ How Long? _____ Landlords Name and
Phone Number _____ Monthly Rent _____ Reason for
Leaving _____ Your Email _____
Home Phone# _____ Work Phone _____ Number of
Dependents _____ Ages _____ Personal Reference _____ Phone# _____

CO-TENANT:

NAME _____ D.O.B. _____ S.S# _____ Drivers License #
_____ Present Address _____ How Long? _____ Landlords Name and Phone
Number _____ Monthly Rent _____ Reason for Leaving
_____ Home Phone# _____ Work Phone# _____
your email _____ Number of Dependents _____ Ages _____ Personal Reference
Phone # _____

EMPLOYMENT HISTORY

TENANT: Name. Address & Phone Number of Employer _____
_____ Type of Business _____ Monthly
Income _____ If employed in current business less than three years, previous
employer, address & phone number _____

CO-TENANT: Name. Address & Phone Number of Employer
_____ Type of Business _____ Monthly Income _____ If employed in
current business less than three years, previous employer, address & phone number

CREDIT CARDS & LOANS (current and past)

TENANT AND CO-TENANT:

NAME ADDRESS PURPOSE AMOUNT

CHECKING AND SAVING ACCOUNTS

TENANT AND CO-TENANT:

NAME

BRANCH ADDRESS

ACCOUNT NUMBER

AUTOMOBILE (Make, Year, License, Insurance)

TENANT and CO-TENANT:

MONTHLY PAYMENTS DUE

TENANT AND CO-TENANT:

NAME/ADDRESS

PURPOSE

PAYMENT

BALANCE

TENANT (T) AND CO-TENANT (CT):

Have you ever taken bankruptcy? T___CT___ Obligated for child support? T___CT___ Any outstanding judgments? T___CT___ Obligated for alimony? T___CT___ Co-Maker, endorser on any notes? T___CT___ Defendant/Participant in lawsuit T___CT___ Do you have health/accident insurance? T___CT___ HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC OFFENSE? T___CT___ If yes, please list

(FAILURE TO ANSWER THIS LAST QUESTION TRUTHFULLY MAY BE CAUSE FOR TERMINATION OF YOUR LEASE.)

AUTHORIZATION TO INVESTIGATE CREDIT

I (We) authorize you to make any credit investigation you deem necessary before or after the granting of the credit whether or not credit is granted. This authorization will remain in effect until cancellation by written notice.

Applicant's Signature _____ Date: _____

Co-Applicant's Signature _____ Date: _____

Address Applying For: _____

Do you have pets? Yes ___ NO ___

Date Needed: _____

Return to:
KMANCO
1028 Hannah Ste C
Traverse City, MI 49686

Phone: 231- 947-8997 Credit check: (make checks payable to KMANCO, LLC)