



Application for Housing

Part I				RESIDENT INFORMATION			
Applicant's Last Name		Applicant's First Name		Applicant's Middle Name		Date of Birth	
Social Security Number		Driver's License Number		Cell Phone		Work Phone	
Co-Applicant's Last Name		Co-Applicant's First Name		Co-Applicant's Middle Name		Date of Birth	
Social Security Number		Driver's License Number		Cell Phone		Work Phone	
Applicant's Street Address #		Applicant's Street Name		Applicant's City/State		Applicant's Zip Code	
Co-Applicant's Street Address #		Co-Applicant's Street Name		Co-Applicant's City/State		Co-Applicant's Zip Code	
Cosigner's Full Name				Cosigner's Cell Phone		Cosigner's Work Phone	
List all Roommate Names							

What type/size of apartment are you applying for? ___ 1 Bedroom; or ___ Studio

Do you have a preferred floor or location? ___ Yes; or ___ No

If yes, describe:

Do you have any accessibility needs? ___ Yes; or ___ No

If yes, describe:

Part II						RENTAL OR HOME OWNERSHIP INFORMATION					
Applicant's Current Mailing Address			City	State	Zip	Rent/Own/Other:		How Long Resided:			
Co-Applicant's Current Mailing Address			City	State	Zip	Rent/Own/Other:		How Long Resided:			
Landlord/Mortgage Company/ or other owner information						Phone Number of this person		Monthly Payment			
Previous Address (or Permanent Address)			City	State	Zip	Rent/Own/Other		How Long Resided:			
Landlord/Mortgage Company/ or other owner information						Phone Number of this person		Monthly Payment			
Previous Address (or Permanent Address)			City	State	Zip	Rent/Own/Other:		How Long Resided:			
Landlord/Mortgage Company/or other owner information						Phone Number of this person		Monthly Payment			

Part III			EMPLOYMENT HISTORY		
Applicant Employed By		Supervisor's Name		Term of Employment	
Your Position/Title		Supervisor's Phone Contact		Salary \$ _____ per _____	

This Application was received by Management personnel on ___/___/___ by : _____(initial)

The Gilmore Apartment Community
162 E. Michigan Avenue, Kalamazoo, MI 49007
Phone: 269-375-6300, ext. 023
Email: WPodd@pp-mi.com

Applicant's Previous Employer	Supervisor's Name	Term of Employment
Your Position Title	Supervisor's Phone Contact	Salary \$ _____ per _____
Co-Applicant Employed By	Supervisor's Name	Term of Employment
Your Position/Title	Supervisor's Phone Contact	Salary \$ _____ per _____
Co-Applicant's Previous Employer	Supervisor's Name	Term of Employment
Your Position/Title	Supervisor's Phone Contact	Salary \$ _____ per _____

Part IV QUESTIONNAIRE	
Have you ever been sued for Nonpayment of Rent?	Yes or No, and explanation if Needed
Have you ever been evicted or asked to move out?	Yes or No, and explanation if Needed
Have you ever been sued for damage to rental property?	Yes or No, and explanation if Needed
Have you ever broken a rental contract?	Yes or No, and explanation if Needed
Have you ever declared bankruptcy?	Yes or No, and explanation if Needed
Have you ever been convicted of or are you currently being charged with a felony?	Yes or No, and explanation if Needed
Have you ever been convicted of or are you currently being charged with a drug related offense?	Yes or No, and explanation if Needed
Have you ever been convicted of or are you a registered sex offender?	Yes or No, and explanation if Needed
Are you a current illegal abuser or addict of a controlled substance?	Yes or No and explanation if Needed
Do you anticipate having a dog or cat (subject to community rules) live with you?	Yes or No and explanation if Needed
Are you interested in learning more about our tenant referral program?	Yes or No and explanation if Needed
How did you hear/learn about this community?	Please Describe
What is your most important reason for choosing this community?	Please Describe

I AUTHORIZE YOU TO OBTAIN THE NECESSARY INFORMATION FOR RESIDENCY, INCLUDING BUT NOT LIMITED TO, CONTACTING PREVIOUS AND CURRENT LANDLORDS, CREDIT, PERSONAL AND EMPLOYMENT REFERENCES, AND CRIMINAL CONVICTION HISTORY TO PROCESS MY REQUEST FOR HOUSING AS I HAVE GIVEN IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT FROM ANY COMMERCIAL SOURCE. BY SIGNING THIS APPLICATION I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND COMPLETE.

This Application was received by Management personnel on ____/____/____ by : _____(initial)

The Gilmore Apartment Community
162 E. Michigan Avenue, Kalamazoo, MI 49007
Phone: 269-375-6300, ext. 023
Email: WPodd@pp-mi.com

I agree to deposit a 1-time, refundable Security Deposit of \$500 with the management for Landlord to reserve an apartment unit in the Gilmore Apartment project; prior to executing a lease, I agree to pay a \$50 nonrefundable application fee to offset the cost of processing my credit report and other required qualifications for residency; if either party decides, in writing, not to proceed to enter into a written lease, prior to _____, 20__, the \$500 Security Deposit shall be refunded; if the parties agree to proceed, I will execute a lease for 12 months from the date of possession for a mutually agreed upon apartment and the Security Deposit shall be retained by Landlord and applied toward my required Security Deposit; Should I not cancel my reservation, in writing, prior to _____, 20__, then I am aware that the Security Deposit of \$500.00 to hold my unit shall be nonrefundable and be retained by management and thereby I waive any claim for damages by reason of non-acceptance.

I warrant that all statements above are true, however should any statement made above be a misrepresentation or not a true statement of the facts, and then I am aware that management will automatically reject my application for housing.

Applicant Signature

Date

Co-Applicant Signature

Date

Use of the information collected based on this application form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Penalty provisions for misusing the social security number is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

This Application was received by Management personnel on ____/____/____ by : _____(initial)