



Return application to Leasing Manager: Donna Batdorff 616 240 4253. Email: donna.mlmresidenceleasingllc@gmail.com or fax to 866 895 6288

Offices: 7620 Cahoon SE, Grand Rapids, MI 49546

Phone: 616-942-8949 Fax: 866-863-7552

Email: info@mlmresidenceleasing.com web: www.mlmresidenceleasing.com

How many bedrooms _____ Do you, or do you _____ Motorcycles Y N Smoke Y N
Will you need? _____ intend to have: _____ Waterbeds Y N Pets Y N

Pets – Number and Type: _____



APPLICATION FOR TENANCY

Please Print or Type Fill in Completely or Application will be REJECTED!

Address of Premises: _____ Apt: _____

Lease Start Date: _____ Term of Lease: _____ Rent Amount: _____

Deposit: _____

Utilities: Gas: O T Electric: O T Water: O T Lawn/ Snow: O T Garbage: O T

Last Name: _____ First Name: _____ MI _____ BD: _____
MM/DD/YYYY

Social Security #: _____ Driver's License/ ST ID Number _____

Email: _____ Mobile Phone: _____

House phone: _____ Work Phone: _____ ext: _____

Vehicle: Make: _____ Model: _____ Plate: _____

Present Address: _____
No. Street City State Zip

How long at this address: _____ Reason for Leaving: _____

Landlord's Name: _____ Phone: _____ Mo. Payment: _____

Previous Address: _____
No. Street City State Zip

Landlord's Name: _____ Phone: _____ Mo. Payment: _____

Current Employer: _____ How Long Employed: _____

Contact Person: _____ Phone: _____ Email: _____

Monthly Income _____



Page 2

If less than two years: Previous Employer: _____ How long employed: _____

Contact Person: _____ Phone: _____ Email: _____

Your Monthly Take Home Wages: \$ _____

Other Monthly Income:

Amount: _____ Source: _____ Contact Person: _____ Phone: _____

Amount: _____ Source: _____ Contact Person: _____ Phone: _____

Vehicles:

Make/Model: _____ Year: _____ Color: _____ Plate: _____

Make/Model: _____ Year: _____ Color: _____ Plate: _____

Minor Occupants: _____

Last Name: _____ First Name: _____ Birth Date: _____

Last Name: _____ First Name: _____ Birth Date: _____

Last Name: _____ First Name: _____ Birth Date: _____

Last Name: _____ First Name: _____ Birth Date: _____

Primary Bank _____ Checking Savings

Credit References: _____ Phone: _____

Credit References: _____ Phone: _____

Has applicant ever:

Been sued for non-payment of rent: Y N Broken a rental agreement or lease? Y N

Been evicted or asked to move out? Y N Declared Bankruptcy? Y N

In case of emergency, notify: _____ Relationship: _____

Full Address: _____

No. Street City State Zip

Home Phone: _____ Work Phone: _____



Page 3

References:

Parent(s) Name: _____ Address: _____ Phone: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

The application fee is \$30.00 per applicant and is non-refundable. I hereby authorize the landlord to verify any and all information on this application, criminal report and/or credit report. I/We, the undersigned, authorized, authorize MLM Residence Leasing LLC to obtain credit information from any other Credit Bureau or any other screening service, which may include credit history, rental history, criminal history, sex offender history, work/pay history, terrorist history, collection history, or any other information deemed pertinent to determining eligibility to lease any rental unit.

Applicant: _____ Date: _____
Signature

Applicant: _____
Print Name Legibly

Applicant: _____ Date: _____
Signature

Applicant: _____
Print Name Legibly