

Vision Property Management Group, LLC

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RENTAL APPLICATION

Note: **Form is legal size**

Property Address: _____ Date: _____

TELL US ABOUT YOURSELF *Desired Move – In Date: _____*

Applicant: _____ SS#: _____ - _____ - _____ DOB: _____
First Middle Last
Home #: (_____) _____ Cell #: (_____) _____
Driver's license number: _____ State: _____ Expiration date: _____
Number of dependents (excluding Co-Applicant): _____ Names and Ages: _____
List all other occupants: _____
Name of Bank: _____ Checking Acct.# _____ Savings Acct. # _____

Co-Applicant: _____ SS#: _____ - _____ - _____ DOB: _____
First Middle Last
Home #: (_____) _____ Cell #: (_____) _____
Driver's license number: _____ State: _____ Expiration date: _____
Number of dependents (excluding Applicant): _____ Names and Ages: _____
Name of Bank: _____ Checking Acct.# _____ Savings Acct. # _____

RENTAL HISTORY

Current Address: _____ City: _____ State: _____ Zip: _____
Move in date: _____ Reason for leaving: _____
Owner or Agent: _____ Phone #: _____
Have you had any problems at your current / previous residence? (if yes, please explain): _____

Previous Address: _____ City: _____ State: _____ Zip: _____
Move in date: _____ Reason for leaving: _____
Owner or Agent: _____ Phone #: _____

EMPLOYMENT HISTORY

Employment status: ___ Employed full-time ___ Employed part-time ___ Student ___ Retired ___ Unemployed ___
Employer: _____ Address: _____ City: _____ State: _____ Zip: _____
Start date: _____ Position: _____ net Income: \$ _____ per _____
Supervisor's name: _____ Department _____ Phone #: _____

If employed less than 6 months, please fill out information below for previous employer:

Employment status: ___ Employed full-time ___ Employed part-time ___ Student ___ Retired ___ Unemployed ___
2nd Employer: _____ Address: _____ City: _____ State: _____ Zip: _____
Start date: _____ Position: _____ Net Income: \$ _____ per _____
Supervisor's name: _____ Department _____ Phone #: _____

CO-APPLICANT, EMPLOYMENT HISTORY

Employment status: Employed full-time Employed part-time Student Retired Unemployed
Employer: _____ Address: _____ City: _____ State: _____ Zip: _____
Start date: _____ Position: _____ Net Income: \$ _____ per _____
Supervisor's name: _____ Department _____ Phone #: _____

If employed less than 6 months, please fill out information below for previous employer:

Employment status: Employed full-time Employed part-time Student Retired Unemployed
Employer: _____ Address: _____ City: _____ State: _____ Zip: _____
Start date: _____ Position: _____ Net Income: \$ _____ per _____
Supervisor's name: _____ Department _____ Phone #: _____

REFERENCES

Nearest Relative: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Nearest Relative: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Reference: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Reference: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____

What one feature are you hoping to get in your new home?: _____
Make, model, and year of Vehicle 1: _____ Color _____ Plate Number: _____
Make, model, and year of Vehicle 2: _____ Color _____ Plate Number: _____

Have you ever: Filed for bankruptcy? Yes No
Been evicted from tenancy? Yes No
Willfully or intentionally refused to pay rent when it was due? Yes No

In the space below, please give any additional information that might help us evaluate your application.



I hereby apply to lease the above-described premises. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true. We authorize Vision Property Management Group, LLC to obtain a credit report.

I RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING THIS APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND OTHERS WITH WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT I MAY HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____



Approved: _____ **Denied:** _____