

GK REAL ESTATE, LLC – SPRING ARBOR APARTMENTS - LEASE APPLICATION

OFFICE: 108 N. Main Street • PO BOX 216 • Berrien Springs, MI 49103-0216 269-471-0485 info@springarborapartments.com

Lease Applications must be accompanied with all required items before review

Please Print Clearly

PERSONAL INFORMATION	OTHER INCOME												
<p>Applicant's Full Name _____</p> <p>Current Address _____</p> <p>Social Security Number _____ Date of Birth _____</p> <p>Driver's License/State _____</p> <p>Email _____</p> <p>Phone _____ Cell Phone _____</p> <p>Do you have an animal? <input type="checkbox"/> Yes <input type="checkbox"/> No Type? _____</p> <p>Name of Spouse _____</p> <p>Spouse's Social Security Number _____ Spouse's Date of Birth _____</p> <p>Spouse's Driver's License/State _____ Spouse's Cell Phone _____</p> <p>Spouse's Email _____</p>	<p>COMPLETE IF PARENT, MUST BE BLOOD or CLOSE RELATIVE WILL BE CO-SIGNING FOR YOU:</p> <p>Parent Name _____ Phone _____</p> <p>Parent Address _____</p> <p>Parent Social Security Number _____ Parent Date of Birth _____</p> <p>Parent Driver's License/State _____ (Provide Copy of DL)</p> <p>Parent's Email _____</p> <p>Parent Employer _____ Work Phone _____</p> <p>Parent Gross Monthly Earnings _____</p> <p>OTHER SOURCES OF INCOME:</p> <p>Amount _____ per _____ Source Name _____</p> <p>Source Address _____ Phone _____</p> <p>Amount _____ per _____ Source Name _____</p> <p>Source Address _____ Phone _____</p>												
RESIDENT HISTORY	TOTAL GROSS MONTHLY INCOME ALL SOURCES \$												
<p>Current Landlord or Mortgage Company _____</p> <p>Phone _____ Email _____</p> <p>Length of Residence _____ Current Monthly Rent _____</p> <p>Reason for Moving _____</p> <p>Previous Address _____</p> <p>Previous Landlord or Mortgage Company _____</p> <p>Phone _____ Previous Monthly Payment _____</p>	<p>BANKING AND CREDIT REFERENCES</p> <p>Bank or Credit Union Name and Branch _____</p> <p>Phone _____ Checking Account # _____</p> <p>Credit References (check all that apply)</p> <p>Any Loans? <input type="checkbox"/> Car <input type="checkbox"/> Student <input type="checkbox"/> Other, Explain _____</p> <p>Total <u>Monthly</u> obligation of above loans _____ Loan # _____</p> <p>Any other credit references? _____ Account # _____</p>												
EMPLOYMENT INFORMATION	OCCUPANT & VEHICLE POLICY												
<p>PRESENT STATUS <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student</p> <p>If Student, List School _____</p> <p>Student ID # _____ School Phone _____</p> <p>APPLICANT'S CURRENT EMPLOYER _____</p> <p>Employer's Address _____</p> <p>Employer's Phone _____ Employer Fax _____</p> <p>Length of Employment _____ Gross Monthly Earnings _____</p> <p>Current Position _____</p> <p>SPOUSES' CURRENT EMPLOYER _____</p> <p>Employer's Address _____</p> <p>Employer's Phone _____ Current Position _____</p> <p>Length of Employment _____ Gross Monthly Earnings _____</p>	<p>*Applicant(s) and all other ADULT occupants must submit a copy of a photo ID. Apartment mates must be registered. Applicants agree to keep the "Other Occupant List" current for office files.</p> <p>Occupancy Limitations: We permit a maximum of 2 persons per bedroom. Infants younger than six (6) months do not count as occupants for purposes of these Limitations. Maximum 2 vehicles, including motorcycles, strictly enforced. Unauthorized vehicles and vehicles with no parking tag will be towed at vehicle owner's expense.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:60%;">Full Names of All Other Residents</th> <th style="width:15%;">Relationship to You</th> <th style="width:25%;">Auto Plate#/Color/Make</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Full Names of All Other Residents	Relationship to You	Auto Plate#/Color/Make									
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OTHER INFORMATION

HAVE YOU OR CO-APPLICANT, CO-SIGNER, OR ANY ROOMMATE/APARTMENT MATE EVER;

- Been sued for non-payment or damages of rental? Yes No Comments, Explain _____
- Been evicted or asked to move out? Yes No Comments, Explain _____
- Broken a Lease Agreement? Yes No Comments, Explain _____
- Applied for a rental property with us? Yes No Comments, Explain _____
- Declared Bankruptcy? Yes No Comments, Explain _____
- Been convicted of a felony? Yes No Comments, Explain _____
- Are you required to register as a Registered Sex Offender? Yes No Comments, Explain _____
- Does an animal(s) reside with you? Yes No Comments, Explain _____
- Do you have a piano or organ? Yes No These are only permitted on lower floor apartments.
- Do you currently or have you ever experienced bed bugs in another dwelling? Yes No Comments, Explain _____
- Have been exposed to bed bugs, but all personal property has been treated by a licensed pest control professional & is free from infestation? Yes No
- Have you ever experienced flooding or mold in another dwelling? Yes No Comments, Explain _____

In case of emergency, notify _____ Relationship _____
 Address _____ Home Phone _____ Work Phone _____

It is understood this property is being rented in its present condition. I (we) the undersigned, agree to execute the said lease on or before the possession date and on the following terms: Applicant agrees to purchase a renter's insurance policy with liability of at least \$50,000.00. This is a nonsmoking & pet free property.

Lease Rate:	1 bedroom or 2 bedroom (circle 1) Apt #, if known
Desired Possession Date:	Berrien Springs, MI 49103:

FEEES, DEPOSIT & RENT PAYMENT PROVISION

We accept check, cash and money orders. NO CREDIT CARD OR ONLINE PAYMENT AVAILABLE.
Application Fee and Application deposit MUST BE on 2 separate checks or money orders.
 Application Fee of \$40 (non- refundable) for each Applicant for credit history, background, income, rental history. If Co-Signer is required, they too must submit an Application Fee of \$40.
 Application Deposit (same as one month's rent- only refundable if application is refused) If accepted, these funds are used to reserve the unit for you until the date of apartment release.
 A copy of photo ID for each Applicant and Co-Signer.
THE ABOVE ITEMS ARE TO BE SUBMITTED WITH THE COMPLETED APPLICATION. Checks must be from Applicant or Co-Applicant's checking account. Submission of application does not guarantee property, it only begins the application review process. If accepted, Advance Rent is due on or before release date. The rent will be prorated if release date is not on the first of the month. If said rent is not paid or utilities are not in Applicant/Co-Applicant's name by release date, the Applicant/Co-Applicant defaults deposit and Owner or Agent reserves the right to re-rent apartment. Application deposit can be applied to security deposit due at release date.

WRITE CHECKS TO: GK REAL ESTATE, LLC AMOUNT OF DEPOSIT PAID \$ _____

Applicant Signature	Spouse Signature	Co-Signer Signature	Date
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By signing this application/agreement, the Applicant/Co-Applicant/Co-Signer agrees to all the terms of the lease agreement, and represents that the statements above are true and correct. Applicant/Co-Applicant/Co-Signer authorizes landlord/owner or landlord's agent to make any and all inquiries necessary to verify the information provided herein, including, but not limited to, direct contact with Applicant's/Co-Applicant's/Co-Signer employer, past employers, landlord, prior landlords, credit, neighbors, police agencies and all other sources of information which the landlord/owner may deem necessary and appropriate within his/her sole discretion. Landlord is an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, sex, marital status, age, familial status, or disability. Local or State laws may provide additional protected classes from discrimination. You can call the U.S. Dept. of Housing & Urban Development (HUD) at 1-800-424-8590 or the Fair Housing Center of Southwest Michigan at 1-800-637-0733 to ask questions regarding discrimination.

APPLICANT: PLEASE DO NOT WRITE BELOW

THIS APPLICATION APPROVED NOT APPROVED By _____ Date _____
 If not approved, specify reason(s) _____
 Applicant Notified by (Name) _____ Date Notified _____ Notified by: LETTER FORM TELEPHONE FAX IN PERSON