LEASE APPLICATION

Fayette Properties, LLC

 Application
 Approved
 Declined
 Unit Address:

 Holding Fee Paid

 Date:

 Rental Rate: \$______

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DATE:	A \$25 Pro	ocessing Fee for each	n occupant is due a	t the time of move-in.	
NAME:			DRIVER'S LIC. NO.:		
		ast			
IRTH DATE: SOCIAL SEC. NO.:			E-MAIL:		
PERMANENT (PARENTS') ADDRESS	CITY	STATE	ZIP	PERMANENT (PARENTS') PHONE	
Parking a vehicle at the property?]Yes □No	ake Mode	l Color	License Plate Number	
PRESENT ADDRESS	CITY	STATE	ZIP	DATES OF OCCUPANCY	
PRESENT LANDLORD NAME & ADDRESS	CITY	STATE	ZIP	LANDLORD PHONE	
PREVIOUS ADDRESS	CITY	STATE	ZIP	DATES OF OCCUPANCY	
PREVIOUS LANDLORD NAME & ADDRESS	CITY	STATE	ZIP	PREV. LANDLORD PHONE	
EMPLOYER:		CITY	STATE	EMPLOYER PHONE	
POSITION:	HOW LONG?				
OTHER PERSONS TO OCCUPY A	PARTMENT	TYPE OF A	APARTMENT DESIR	ED	
1		NUMBER OF	F BEDROOMS:	4 5 6	
2		MOVE-IN DA	ATE DESIRED:		
3		TOTAL NUM	IBER OF OCCUPANTS	:	
4		PET: 🗖 Ye	s 🗖 No 🛛 If yes	, type:	
5		NOTE:			
IN CASE OF EMERGENCY NOTIF	Y				
NAME:First	Last	RELAT	IONSHIP	HOME PHONE	
ADDRESS	CITY	STATE	ZIP	WORK/CELL PHONE	

An application must be complete and the information confirmed. This application is subject to owner's approval, and the rental rate is subject to change until a unit is reserved. A unit may be reserved by paying a non-refundable Holding Fee equal to one-month's rent. The Holding Fee will only be returned if the application is declined. Once a lease is signed by all parties, the non-refundable Holding Fee becomes a refundable Security Deposit. Your signature below authorizes the owner to obtain consumer reports, criminal record information, and other information it deems necessary for evaluating this application, subsequent renewals, and/or collection purposes.

APPLICANT'S SIGNATURE

CELL PHONE:

Please return form to:

Fayette Properties PMB 143 6749 S. Westnedge Ave., Suite K Portage, MI 49002 Fax: 1-866-790-3990 E-mail: leasing@fayette-properties.com □ Landlord □ Landlord □ Employment

Credit Character

Co-obligor application received