

All His LLC
32483 Sutton Road
Chesterfield, MI 48047
Phone: 586-873-0022 / 20
Fax: 586-725-3918
njohnson@OWHLLC.com

Applicant

Full Name: _____ Email: _____
Home Phone: () _____ Work Phone: () _____
Social Security Number: _____ Driver's License Number/State: _____
Vehicle Make: _____ Model: _____ Color: _____ Year: _____
License Plate Number/State: _____

Additional Occupants

List everyone, including children, who will live with you:

Full Name	Relationship to Applicant
_____	_____
_____	_____
_____	_____
_____	_____

Rental History

Current Address: _____
Dates Lived at Address: _____ Reason for Leaving: _____
Landlord/Manager: _____ Landlord/Manager's Phone: () _____
Previous Address: _____
Dates Lived at Address: _____ Reason for Leaving: _____
Landlord/Manager: _____ Landlord/Manager's Phone: () _____

Previous Address: _____

Dates Lived at Address: _____ Reason for Leaving: _____

Landlord/Manager: _____ Landlord/Manager's Phone: () _____

Employment History

Name and Address of Current Employer: _____

_____ Phone: () _____

Name of Supervisor: _____ Supervisor's Phone: () _____

Dates Employed at This Job: _____ Position or Title: _____

Name and Address of Previous Employer: _____

_____ Phone: () _____

Name of Supervisor: _____ Supervisor's Phone: () _____

Dates Employed at This Job: _____ Position or Title: _____

Income

1. Your gross monthly employment income (before deductions): \$ _____

2. Average monthly amounts of other income (specify sources): \$ _____

TOTAL: _____ \$ _____

Credit and Financial Information

Bank/Financial Accounts Account Number Bank/Institution Branch _____

Savings Account: _____

Checking Account: _____

Money Market or Similar Account: _____

Credit Accounts & Loans	Type of Account (Auto loan, Visa, etc.)	Account Number	Name of Creditor	Amount Owed	Monthly Payment
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Major Credit Card: _____

Major Credit Card: _____

Loan (mortgage, car, student loan, etc.): _____

Other Major Obligation: _____

Miscellaneous

Describe the number and type of pets you want to have in the rental property: _____

Describe water-filled furniture you want to have in the rental property: _____

Do you smoke? yes no

Have Pets? yes no

Filed for bankruptcy? yes no

Been sued? yes no

Been evicted? yes no

Been convicted of a crime? yes no

Explain any "yes" listed above: _____

References and Emergency Contact

Personal Reference: _____ Relationship: _____

Address: _____

Phone: () _____

Personal Reference: _____ Relationship: _____

Address: _____

Phone: () _____

Contact in Emergency: _____ Relationship: _____

Address: _____

Phone: () _____

I certify that all the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any false or incomplete statement in this application. I authorize verification of the information provided in this application from my credit sources, credit bureaus, current and previous landlords and employers, and personal references.

_____ Date Applicant

Notes (Landlord/Manager): _____
