

**AMAC HOLDINGS LLC
RESIDENTIAL RENTAL APPLICATION
FAX TO: 586.314.0516
Phone: 586.303.0040**

Application Date: ___/___/___	APPLICATION NUMBER or ID	Equal Housing Opportunity
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APPLICANT INFORMATION

LEGAL NAME OF APPLICANT – FIRST	Last	MIDDLE	SS#
CURRENT ADDRESS		CITY	STATE and ZIP
DATE OF BIRTH	OCCUPATION – Full or Part Time	YEARLY INCOME	HOME PHONE
EMPLOYER		EMPLOYER ADDRESS	
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	IN CASE OF EMERGENCY NOTIFY	
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD	LEASE EXPIRATION DATE
CURRENT RENT	AUTO LIC PLATE	PETS? IF YES, WHAT KIND	HOW MANY and SIZE

CO - APPLICANT INFORMATION

NAME OF CO APPLICANT – FIRST	Last	MIDDLE	SS#
CURRENT ADDRESS		CITY	STATE and ZIP
DATE OF BIRTH	OCCUPATION	YEARLY INCOME	HOME PHONE
EMPLOYER		EMPLOYER ADDRESS	
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	IN CASE OF EMERGENCY NOTIFY	
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD	LEASE EXPIRATION DATE
CURRENT RENT:	AUTO LIC PLATE	PETS? IF YES, WHAT KIND	HOW MANY and SIZE

APPLICANT'S REFERENCES (OTHER THAN RELATIVES)

	NAME	Address	PHONE
1.			
2.			

CO-APPLICANTS REFERENCES

1.			
2.			

APPLICANT'S BANK REFERENCES

CHECKING		
SAVINGS.		
CREDIT CARDS/OTHER		

CO-APPLICANTS BANK REFERENCES

CHECKING		
SAVINGS		
CREDIT CARDS/OTHER		

YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____

Have you ever been evicted from a rental residence? Yes _____ No _____

Have you had two or more late rental payments in the past year? Yes _____ No _____

ADDITIONAL SOURCES OF INCOME

If you have other sources of income for us to consider, please list income, source, and person (banker, employer, etc.) who we may contact. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

- 1. _____ 3. _____
- 2. _____ 4. _____

ADDITIONAL INFORMATION: Please give us any additional information that might help the owner/management to evaluate your application.

NOTICES:

I/We hereby warrant that all representations set forth above are true. To verify the above statements, I/We direct those persons named in this application to ask questions about me or us. I/We waive all rights of actions for consequences as a result of such information.

I/We agree and authorize and give permission to the management company, owner or servicing company to perform a credit on me/us.

I/We agree to pay \$29 for the credit check as permitted by state law.

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Credit Fee \$ _____ Date: _____ Security Deposit: \$ _____ Date: _____

Credit Report Requested Date: _____ Review Date _____ by: _____ Approved Y____ N____

OFFICE NOTES:

If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the application hereby waiving any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living as permitted by state law.

Name of Applicant

Date

Name of co Applicant

Date

AUTHORIZATION
Release of Information

I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner, manager, brokerage, finder, agent or leasing company

Name (please print)

Signature

Date

Name (please print)

Signature

Date