



528 Bridge St. NW, Suite 6, Grand Rapids, MI 49504
 Fax: 616-988-3577



RESIDENTIAL RENTAL APPLICATION

DP OFFICE USE ONLY

Initials/Date/Time

GENESIS EAST APTS
 4366 WALNUT HILLS DR SE
 KENTWOOD, MI 49512
 PH: 616-281-0417
 FAX: 616-281-0803

OROIQUIS APTS
 349 MT VERNON AVE NW
 GRAND RAPIDS, MI 49504
 PH: 616-988-3575
 FAX: 616-988-3577

HERON COURT APTS
 1138 HERON CT NE
 GRAND RAPIDS, MI 49505
 PH: 616-855-0017
 FAX: 616-855-0019

KINGSBURY PLACE APTS
 730 NORTH CENTER CT NW
 WALKER, MI 49544
 PH: 616-988-4737
 FAX: 616-647-1270

PERSONAL INFORMATION

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>	
<i>Address</i>			<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Mailing Address (if different from above)</i>			<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone Number(s)</i>			<i>Email Address</i>		

<i>Current Landlord's Name</i>		<i>Address</i>			
<i>Phone Number</i>		<i>Length of Stay</i>		<i>Rent Amount</i>	

<i>Applicant's Previous Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<i>Previous Landlord's Name</i>		<i>Address</i>			
<i>Phone Number</i>		<i>Length of Stay</i>		<i>Rent Amount</i>	

HOUSEHOLD INFORMATION: Please fill out the information for all persons to occupy the residence starting with yourself. Each adult must fill out a separate application.

FULL LEGAL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP
			SELF

Does anyone live with you now or plan to live with you in the future who is not listed above? Yes No

If yes, please explain.

APARTMENT REQUIREMENTS

What size residence do you require? Efficiency/studio 1 bedroom 2 bedrooms 3 bedrooms

Do you have a car? Yes No Do you have a pet? Yes No *What kind?* _____

FINANCIAL INFORMATION

NAME OF RECIPIENT	WAGES*	SS/PENSIONS	SSI/SDA	OTHER
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

<i>*Current Employer</i>		<i>Employer's Phone Number</i>	<i>Hours per week</i>	<i>Length of Employment</i>
<i>Employer's Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>

CASEWORKER (if applicable)	<i>Name</i>	<i>Phone Number</i>
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HOUSEHOLD ASSETS	<i>Financial Institution:</i>		<i>Checking:</i>	\$	<i>Savings:</i>	\$
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Does anyone outside your household pay for any of your bills or give you money? Yes No

HISTORY

Have you ever received a nonpayment of rent notice or termination of tenancy notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain.</i>
Has a landlord ever filed a court action and/or lawsuit against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain.</i>
Have you, or any other person intending to live in the residence, subject to lifetime registration on a sex offender registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain.</i>
Do you have any criminal history (including felonies, misdemeanors, and arrests):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain.</i>

(Property Management staff will advise you when to obtain a criminal background check if and when such is required.)

OTHER

PERSON TO CONTACT IN CASE OF EMERGENCY	<i>Name</i>	<i>Phone Number</i>
	<i>Address</i>	<i>Relationship</i>

HOW DID YOU HEAR ABOUT GENESIS HOUSING?	
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I CERTIFY THAT I AM NOT RENTING A ROOM OR APARTMENT UNDER ANY OTHER NAME AND HAVE NOT USED ANY OTHER SOCIAL SECURITY NUMBER OTHER THAN THAT WHICH HAS BEEN LISTED ABOVE. I CERTIFY THAT THE APARTMENT/HOME WILL BE MY/OUR ONLY RESIDENCE IF ACCEPTED. I UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY ELIGIBILITY. I AUTHORIZE THE OWNER/ MANAGEMENT TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT, AND/OR CRIMINAL HISTORY VERIFICATION INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCIES. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY OMISSION, MISREPRESENTATION OR FALSE INFORMATION WILL BE CAUSE FOR REJECTION AND ARE ALSO PUNISHABLE UNDER FEDERAL LAW. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONTACT EACH PROPERTY TO WHICH I AM APPLYING TO MAKE ANY NECESSARY CHANGES OR UPDATES TO MY APPLICATION. *This institution is an equal opportunity provider, employer.* cj/7/15/2011

APPLICANT SIGNATURE

DATE

