

Rental Application

Please PRINT dark and clearly in black ink. Attach a copy of your photo I.D.

I hereby make this application to rent	to be used for a dwelling unit.
ur Information- Email Address:	
Full legal name	Phone: ()
First Middle Last	Date of birth:
Social Security Number:	Month Day Year
Driver's License #:	State Issued:
Applicant Information (Occupants over 18 years of age)-	- Email Address:
Full legal name	Phone: ()
First Middle Last	Date of birth:
Social Security Number:	
Driver's License #:	State Issued:
Current Address	Previous Address
Address: Apt#:	Address: Apt#:
City: State: Zip:	City: State: Zip:
Landlords Name: Landlord's Phone: (Landlord's Phone:
Reason for Moving:	Reason for Moving:
Monthly Rent: \$	Monthly Rent: \$
When did you move in?	When did you move in?
When did you move out?	When did you move out?
Do you rent this residence? \Box Yes \Box No	Do you rent this residence? \Box Yes \Box No
Is your name on the lease? \Box Yes \Box No	Is your name on the lease? \Box Yes \Box No
Have you given written notice to leave? \Box Yes \Box No	Have you given written notice to leave? \Box Yes \Box No
ur Employer Information	
Employer's Name:	Your Position:
Address:	Your Start Date:
City: State: Zip:	Employer's Phone: ()
Your Supervisor:	Monthly Salary: Gross I Net
o-Applicant Employer Information	
Employer's Name:	Your Position:
Address:	Your Start Date:
City: State: Zip:	Employer's Phone: ()
Your Supervisor:	Monthly Salary: Gross Det
rsonal Inquiry	
Have you ever?	
been asked to move out or evicted? \Box Yes \Box No	broken a leasing agreement? \Box Yes \Box No
declared bankruptcy?	been sued for nonpayment of rent? \Box Yes \Box No
been sued for damages of rental unit? \Box Yes \Box No	been convicted of a felony? \Box Yes \Box No
been side for damages of rentar unit?	-

Email: <u>info@myhouseyourhomellc.com</u> •Tele: (313)739-6512 • Fax: (313)739-6512 Website: www.myhouseyourhomellc.com



Year:	Make:	Model:	Color:	
License Plate:	License Plate: State:			
Co-Applicant Vehicle II	nformation			
Year:	Make:	Model:	Color:	
License Plate:	License Plate: State:			
ECTION FOR APPLICA	NTS WITH HOUSING	CHOICE VOUCHERS <u>ONLY!!!</u>		
City/State of Housin	ng Commission:			
Name of Voucher S	Specialist:	Phone: ()		
Date Voucher was i	issued:			
Name of recipients	on Voucher:			
Expiration/ Extension	on date:	Estimated Vouc	her Amount: \$	
Was this voucher us	sed at your current resid	dence or previous residence? \Box Y	es 🗆 No	
Dther Residents: List le	egal names and age	s of all other occupants who plo	an to reside at unit	
Names & Ages:				
n Caco of Emorgonau				
n Case of Emergency:				
	t:		e: ()	
Emergency Contact	t:	Phone		
Emergency Contact	t:	Phone	e: ()	
Emergency Contact Address: lease Read Carefully I hereby state and rep is entered into it may incomplete. I hereby verification of any int Inc. to obtain informa my check writing hist contacted by Tenant I	t: present that the informate be cancelled by the Late authorize the Landlord formation contained in ation about me, including tory, any court records Data Services Inc. or the	City: tion in this application is complete ndlord if any of the information pro l or Landlord's agents to verify the the application will be retained by ng, but not limited to, this application and/or my criminal record, and I have the Landlord or Landlord's agents to	e: ()State:	
Emergency Contact Address: lease Read Carefully I hereby state and rep is entered into it may incomplete. I hereby verification of any int Inc. to obtain informa my check writing hist contacted by Tenant I Landlord, Landlord's verification process.	t: present that the informative cancelled by the Lave authorize the Landlord formation contained in ation about me, including tory, any court records Data Services Inc. or the services Inc. or	City:	e: ()State: and accurate. I understand that in the event a lease ovided in the application is materially inaccurate or information on the application. Verification or re- Landlord. I hereby authorize Tenant Data Services on, my credit, my tenant history, ereby authorize & instruct any entity or person release such information to them. Upon request,	
Emergency Contact Address: Iease Read Carefully I hereby state and rep is entered into it may incomplete. I hereby verification of any int Inc. to obtain informa my check writing hist contacted by Tenant I Landlord, Landlord's verification process. Rent Amount: \$	t: present that the informa be cancelled by the La v authorize the Landlord formation contained in ation about me, includin tory, any court records Data Services Inc. or the s agents, or Tenant Data	City:	e: ()State:state:state:	
Emergency Contact Address: lease Read Carefully I hereby state and rep is entered into it may incomplete. I hereby verification of any int Inc. to obtain informa my check writing hist contacted by Tenant I Landlord, Landlord's verification process. Rent Amount: \$ Anticipated Mo	t: present that the informative cancelled by the Lave authorize the Landlord formation contained in ation about me, including tory, any court records Data Services Inc. or the stagents, or Tenant Data	Phone City: tion in this application is complete andlord if any of the information prod d or Landlord's agents to verify the the application will be retained by mg, but not limited to, this application and/or my criminal record, and I he he Landlord or Landlord's agents to a will provide the name & phone nu Security Deposit: \$	e: (



Landlord Verification Form

DIRECTIONS: Plea	se print your name, current landlord's name	and your landlord's phone number in the space provided. Return with	
at least one utility bi	ill (gas/electric or water) for the address belo	DW.	
Next, keep section 2	c (as your current landlord will fill out this se	ection) and proceed to section 3, which requires your signature and	
date.			
Section #1: Name o	f Applicant:		
Current Landlord:		Phone #:	
Current Address:		Landlord Fax #:	
Section #2: To be fi	illed out by your current landlord. Go to sect	ion 3. Please fax back at your earliest convenience to (313)739-6512.	
Thank you.			
1. Rental/Proj	perty Address:		
2. Rental Date	es:		
3. Rental Am	ount:		
4. Is the tenar	at responsible for any utilities?	If so, please indicate which:	
5. Paid on tim	ne? : If no, the num	mber of late payments:	
6. Legal Notic	ces or actions taken:		
7. Any noise	or other violations? :		
8. Is the indiv	idual listed a good tenant? :		
9. Any known	n damages? :		
10. Did the ten	ant's pet cause any damages to the property	?	
		ns, feces stains, scratches to walls, flooring, cabinets or carpeting?	
		If no, move out date:	
13. Would you	rent to this tenant again? :		
Completed by:		Title:	
Landlord Signat	ture:	Date:	
Section #3: Please s	sign and date below.		
I hereby give permis	ssion to release my rental information to My	House Your Home LLC.	
Applicant's Signat	ure:	Date:	
		<u>n</u> •Tele: (313)739-6512 • Fax: (313)739-6512 /houseyourhomellc.com	



WHAT DOCUMENTS DO I NEED TO SUBMIT WITH MY APPLICATION?

VERIFICATION OF PERSON:

- (REQUIRED) Applicant's State I.D or Driver's license
- Co- Applicant's State I.D or Driver's license (If applicable)

VERIFICATION OF TENANCY:

- (REQUIRED)Landlord Verification Form (Page 3)- Must be completed by the property's deed holder or the management company's authorized landlord/property manager
- Proof of Tenancy- At least one utility bill (gas, electricity, or water)

VERIFICATION OF EMPLOYMENT:

- (REQUIRED) Three most recent W-2's for the primary applicant and co-applicant (Do not send tax returns or pay statements)
- Your final statement of pay for the previous year if the previous/current year's W-2 has not been released
- (REQUIRED) Employment Verification form- *The verification of income must include employment start date, rate of pay* (hourly, weekly, bi-weekly, or annually), position held, and employment status (full-time/part-time). This form should be in your company's employee portal or will needed to be drafted by your employer's HR Department.
- If you receive supplemental income social security/disability, please attach a copy of your proof of benefits dated the week or day prior to submitting the application. Please send a copy of the current year's benefit letter.

Please ensure that you have all required documents before submitting the application. If documents are missing the application will be considered incomplete and rejected. Do not rush to submit your application, take the time out to ensure the application has all necessary information and supporting documentation to be processed. Once your application is complete, please email to propertymanagement@myhouseyourhomellc.online or fax to (313)739-6512.

