

## Qualifications for Residency

**Proof of Driver's License or photo ID and Social Security Number is required before the application will be processed.**

### **Employment**

Income must be at least three times the amount of rent each month (gross income).

If Self-Employed, must provide last month's bank statement in addition to last year's tax return.

Full time students may show income with a bank statement and/or an investment statement (balance in account must be equal to yearly requirement). You may also use financial aid/ Student loans as income.

If there is more than one lease holder, you may combine your income to meet our qualifications.

### **Credit Reference**

If there is a collection, lien, judgment, or garnishment, they must be paid prior to application.

Bankruptcy must be discharged

Accounts with Consumer Credit Counseling Service will be accepted as long as account has been paid satisfactorily for six consecutive months.

Numerous late payments may increase the security deposit.

### **Co-Signers**

Co-Signers are not accepted.

**Application Fee & Security Deposit must be paid by personal check, cashiers check, or money order. Cash and credit cards are not accepted.**

# Central Park Apartments

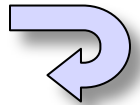
## EMPLOYMENT VERIFICATION REQUEST

Employee Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_

**\*\*\* If Self-Employed or Retired, Please Provide a Copy of Most Recent Tax Statement.**

Wage: \_\_\_\_\_  
Number of Hours Worked Per Week: \_\_\_\_\_  
Pay Schedule:      Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
Other Compensation \_\_\_\_\_

Company Stamp or Seal



Signed: \_\_\_\_\_  
(Supervisor)

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

We reserve the right to verify the above information  
and will keep all information confidential.

I hereby authorize the release of the above information.

\_\_\_\_\_  
**Employee Signature**

Please complete and return this form to Central Park Apartments by fax at:  
(517)347-8323

5205 Madison Ave.  
Okemos, MI 48864

Ph. (517)347-3331  
Fax (517)347-8323

# Central Park Apartments

## Rental Application

Thank you for your interest in our apartments. Please help us process your application by providing all information requested below.

Type/Size of Apartment \_\_\_\_\_ Date Needed \_\_\_\_\_

How did you hear about Central Park Apartments? \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Present Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

How long have you lived at Present Address? \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_

Reason for Moving \_\_\_\_\_

Previous Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

How long did you live at Previous Address? \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_

Applicant Employed By \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Position Held \_\_\_\_\_ Monthly Gross Income \$ \_\_\_\_\_

Names of Other Residents	Age	Relationship

Automobile \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tab # \_\_\_\_\_ State \_\_\_\_\_

Automobile \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tab # \_\_\_\_\_ State \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Do You Have Any Pets? \_\_\_\_\_ Do You Own Furniture? \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

*I Hereby make application for an apartment and certify that the above information is correct. I authorize you to contact any reference that I have listed, and run a credit report.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Central Park Apartments

## RENTAL HISTORY REQUEST

To: (Current Community) \_\_\_\_\_

Re: (Name of Applicant) \_\_\_\_\_

Date: \_\_\_\_\_

The above person(s) have applied for residency at Central Park Apartments. They have indicated that you are the landlord for the property located at: \_\_\_\_\_

As indicated by the signature below, the resident consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below.

1. How long has/did the above resident(s) reside at this address?  
From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.
2. What is/was the monthly rent amount? \_\_\_\_\_
3. Has the resident(s) ever been behind in their payments? \_\_\_\_\_  
If yes, how many times? \_\_\_\_\_ Was legal action taken? \_\_\_\_\_
4. Is/was the resident destructive to the apartment or surrounding areas? \_\_\_\_\_
5. Does/did the resident maintain desirable living conditions? \_\_\_\_\_
6. The resident's overall conduct while residing at your property would best be described as: \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor.
7. Would you rent to this resident again, if qualified? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone #

Permission to release rental history \_\_\_\_\_

Applicant's Signature

Please complete and return this form to Central Park Apartments at the fax number below:  
(517)347-8323