



**PROPERTY MANAGEMENT
OF THE LAKESHORE, INC.**
Offering Professional Rental Management

101 W. Loomis St. • Suite 201 • Ludington, MI 49431
Phone 231-845-8544 Fax 231-843-8845
manager@pmlakeshore.com • pmlakeshore.com

RENTAL APPLICATION
DRIVERS LICENSE & SOCIAL SECURITY CARD REQUIRED

Applicant is interested in renting: _____

APPLICANT #1

Name _____ Social security # _____
Drivers license # _____ Date of birth _____ Telephone # _____
Current address: _____ How long? _____
Previous address (if less than 2 years) _____
Do you smoke? _____ Do you have pets? _____ Type of pets _____
Personal reference _____ Telephone # _____
Have you ever been arrested? _____ Have you ever been evicted? _____
Current landlord _____ Telephone # _____
Previous landlord _____ Telephone # _____
Employer _____ Position _____
Address _____
Supervisor _____ Telephone # _____ Ext. _____
How long at present job? _____ Monthly income _____
Applicant Signature _____

APPLICANT #2

Name _____ Social security # _____
Drivers license # _____ Date of birth _____ Telephone # _____
Current address: _____ How long? _____
Previous address (if less than 2 years) _____
Do you smoke? _____ Do you have pets? _____ Type of pets _____
Personal reference _____ Telephone # _____
Have you ever been arrested? _____ Have you ever been evicted? _____
Current landlord _____ Telephone # _____
Previous landlord _____ Telephone # _____
Employer _____ Position _____
Address _____
Supervisor _____ Telephone # _____ Ext. _____
How long at present job? _____ Monthly income _____
Applicant Signature _____

The information provided by the applicant(s) will be used by the Landlord or his/her agent to determine whether to accept or reject this application. Upon written request within 30 days, the Landlord or his/her agent will disclose to applicant in writing the nature and scope of any investigation that has been requested, and will, if this applicant is refused, state in writing the reason for refusal.



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CREDIT REFERENCE

Date: _____

Company name _____

Address _____

Phone # _____

Fax # _____

I, _____ SS# _____

give permission for Property Management of the Lakeshore, Inc. to obtain a credit reference. This includes information regarding timely payments, overdue payments, and past due amounts.

Sincerely,

Applicant Signature

APPLICANT, DO NOT WRITE BELOW DOTTED LINE!

Please fax back with the information filled in below

Length of credit history _____

of late payments _____

Account status _____

Signature of person giving reference _____

Print name _____

Linda J. O'Brien

General Manager/Owner

Property Management of the Lakeshore, Inc.



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EMPLOYMENT REFERENCE

Date: _____

Company name _____

Address _____

Phone # _____

Fax # _____

I, _____ SS# _____

give permission for Property Management of the Lakeshore, Inc. to obtain an employment reference. This includes information regarding the amount of my pay along with the length of my employment.

Sincerely

Applicant Signature

APPLICANT, DO NOT WRITE BELOW DOTTED LINE!

Please fax back with the information filled in below

Length of employment _____

Salary or wage _____

Signature of person giving reference _____

Print name _____

Linda J. O'Brien

General Manager/Owner

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LANDLORD REFERENCE

Date: _____

Landlord name _____

Rental address _____

Phone # _____

Fax # _____

I, _____ SS# _____

give permission for Property Management of the Lakeshore, Inc. to obtain a landlord reference. This includes information regarding my rental history or payments, conditions, & any legal issues.

Sincerely

Applicant Signature

APPLICANT, DO NOT WRITE BELOW DOTTED LINE!

Please fax back with the information filled in below

Rental term _____

of late payments _____

Is tenant current? _____

Any legal issues while renting? _____

Would you rent to this tenant again? _____

Signature of person giving reference _____

Print name _____

Linda J. O'Brien
General Manager/Owner
Property Management of the Lakeshore, Inc.