



PROPERTY MANAGEMENT OF THE LAKESHORE, INC.

101 W. Loomis * Suite 201 * Ludington, MI 49431

Phone 231-845-8544 fax 231-843-8845

manager@pmlakeshore.com www.pmlakeshore.com

Offering Professional Rental Management

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 #: _____

Address _____

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 #: _____

Address _____

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

Please fax back with the information filled in below:

Length of credit history _____

of Late Payments _____

Account Status _____

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