

RENTAL APPLICATION

LANDLORD: LMB Group, LLC, 2290 E. Madison Rd., St., Louis, MI, 48880		
Phone: (989)620-0448		
Location of Residence:		
Date:		
TENANT INFORMATION		
Full Name:		
Home Phone:	Work Phone:	Cell Phone:
Date of Birth:	Social Security No.	
Drivers License No.	State:	
Email Address:		
<i>Unless related, each adult must fill out a separate application.</i>		
Please list all others who will live in the residence:		
Full Name	Date of Birth	Social Security No.
<input type="checkbox"/> Yes <input type="checkbox"/> No Has any member of the household been convicted of a crime? If yes, explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any pets that you want approved for the household? If yes, describe:		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does any member of the household smoke?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Is any member of the household a Medical Marijuana Cardholder or Caregiver? If yes, explain:		
VEHICLE INFORMATION		
Make/Model:	Year:	Color:
Make/Model:	Year:	Color:
CURRENT ADDRESS & RENTAL HISTORY		
Current Address:		
Move in Date:	Rent:	
Landlords' Name/Address:	Phone:	
Reason for Leaving:		
Previous Address:		
Move in Date:	Move out Date:	Rent:
Landlords' Name/Address:	Phone:	
Reason for Leaving:		
Previous Address:		
Move in Date:	Move out Date:	Rent:
Landlords' Name/Address:	Phone:	
Reason for Leaving:		

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CREDIT HISTORY		
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been evicted?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had any late rental payments?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever filed bankruptcy?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any judgments against you?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a party to any lawsuits?		
If you answered yes to any of the above questions, please explain:		
EMPLOYMENT INFORMATION		
Applicant Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed		
Employer:		
Address:		
Job Title:	Dates employed:	
Supervisor Name:	Phone:	
Monthly Pay:		
Employer:		
Address:		
Job Title:	Dates employed:	
Supervisor Name:	Phone:	
Monthly Pay:		
Additional Sources of Income:		
Source:	Amount:	Phone:
Source:	Amount:	Phone:
Self-Employed Applicants will need to be prepared to provide the following information: Tax returns, business license, bank records and/or vendor names with addresses and phone numbers for verification.		
REFERENCES		
Bank References		
Bank Name:		
Account Type:	Contact:	
Bank Name:		
Account Type:	Contact:	
Credit References		
Name:		Phone:
Name:		Phone:
Name:		Phone:

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SIGNATURE AND AUTHORIZATION

The purpose of this application is to determine whether the applicant qualifies as a tenant. If the application is approved the Landlord (LMB Group, LLC) and I shall sign a written lease. I have no rental agreement with the Landlord before the time of lease signing.

I authorize the Landlord to investigate my credit and financial responsibility, income, court, rental and eviction history and the statements made in this application. I further authorize all banks, employers, and creditors to provide Landlord any and all information concerning my credit. I also understand there is a **non-refundable application fee**. Married couple \$30, Single person \$20.

I warrant and represent that I am at least eighteen years of age and that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application. I understand that my occupancy is contingent on meeting the Landlord's selection criteria.

Signature:

Date:

Signature:

Date:

OFFICE ONLY

This application is/is not accepted. If not, reason:

If application is accepted but no lease was entered into, reason: