

Club Meridian Apartments
QUALIFICATION FOR RESIDENCY

Proof of drivers license or photo ID and Social Security Number is required before the application will be processed.

EMPLOYMENT

Income must be three times the monthly rent per month (gross income).

- If self-employed, must provide previous year's tax return or a bank statement that shows the yearly requirement.
- Full time students may show student loan and/or financial aid documentation as a source of income. May also provide a bank statement that shows the yearly requirement.

CO-SIGNERS

Co-signers are not accepted.

CREDIT REFERENCE

If there is a collection, judgment, lien, 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 satisfactory for six consecutive months.

Numerous late payments may increase the security deposit amount.

APPLICATION FEE & DEPOSIT MUST BE PAID BY PERSONAL CHECK, CASHIER'S CHECK, OR MONEY ORDER.

CASH & CREDIT CARDS ARE NOT ACCEPTED.

*4425 Heritage Avenue
Okemos, MI 48864
Phone (517) 347-1850 ~ Fax (517) 347-8348*

Club Meridian Apartments

Rental Application

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

Type/Size of Apartment _____ Date Needed _____

How did you hear about us? _____

Applicant's Full Name _____

Date of Birth _____ Social Security # _____

Present Address _____ Apt. # _____

City/State/Zip Code _____ Phone # _____

Present Landlord _____ Phone # _____

How Long Have You Lived at Present Address? _____ Amount of Rent \$ _____

Reason for Moving _____

Previous Address _____ City/State/Zip _____

How Long Have You Lived at Present Address? _____ Amount of Rent \$ _____

Applicant Employed By _____ Length of Employment _____

Employer's Address _____ Phone # _____

Position Held _____ Monthly Gross Income \$ _____

<i>NAMES OF OTHER RESIDENTS</i>	<i>AGE</i>	<i>RELATIONSHIP</i>

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 _____

Club Meridian Apartments

EMPLOYMENT VERIFICATION REQUEST

Employee Name _____

Occupation _____

Social Security Number _____

Employer* _____

Street Address _____

City and State _____

Phone Number _____

*If self-employed or retired, please provide a copy of your most recent tax statement.

Name of Supervisor _____

Length of Employment: From _____ To _____

Wage _____ Per _____

Numbers 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 in confidence. I hereby authorize the release of the above information.

Employee Signature

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RENTAL HISTORY REQUEST

To: (Current Community) _____

Re: (Name of Applicant) _____

Date: _____

The above person(s) has applied for residency at Club Meridian Apartments. They have indicated that you are the landlord for the property located at: (Applicant's current address) _____

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? _____
3. Has the resident(s) ever been behind in payments? _____
If yes, how many times? _____ Was legal action taken? _____
4. Is/was the resident destructive to the apartment or the surrounding public areas?

5. Does/did the resident maintain desirable living conditions? _____
6. The resident(s) overall conduct while residing at your property would be best described as: ____ Excellent ____ Good ____ Fair ____ Poor
7. Would you rent to this resident(s) again? _____

Signed _____ Title _____ Phone # _____

Permission To Release Rental History _____

Applicant's Signature

Please complete and return to CLUB MERIDIAN at the above address or fax number.
Thank You!