

**Guest Application**

*Separate application required from each applicant age 18 or older.*

**THIS SECTION TO BE COMPLETED BY LANDLORD**

Address of property to be occupied:

  

Term: 6 months lease

**Amounts Due Prior to Occupancy**

First month's amount	\$	<input type="text"/>
Security deposit	\$	<input type="text"/>
Credit check fee	\$	<input type="text"/>
Other: _____	\$	<input type="text"/>
<b>TOTAL:</b>		<input type="text"/>

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**THIS SECTION TO BE COMPLETED BY APPLICANT**

**Applicant Personal Information**

Name: (First)  (Middle)  (Last)

Maiden name(s) if applicable:

Other names you use:

Address:

Home phone:

Birthdate:

Social Security number:

Driver's license number/state:

Email address:

**Vehicle**

Make:

Model:

Color:

Year:

License plate number/state:

**Additional Occupants**

List full names of everyone, including children which will live with you at least 50% of the time:

Name:

Name:

**Rental History**

Current address (if rental property):

Dates lived at this address:  to

Reason for leaving:

Landlord/manager:

Landlord/manager's phone:

Previous address (if rental property):

Dates lived at this address:  to

Reason for leaving:

Landlord/manager:

Landlord/manager's phone:

**Employment History**

Name of current employer:

Address:

Phone:

Name of supervisor:

Supervisor's phone:

Dates employed at this job:  to

Position or title:

**Income**

Gross monthly employment income (before deductions): \$

Average monthly amounts of other income (specify sources): \$

Sources:

Total Income: \$

**Financial Information**

Bank Name:

Location:

Type of Account

**Miscellaneous**

Have you filed for bankruptcy in the last 2 years?  yes  no

Have you ever been sued?  yes  no

Have eviction proceedings ever been filed against you?  yes  no

Been convicted of a crime?  yes  no

Are you required to register as a Registered Sex Offender?  yes  no

Do you have a medical marijuana card?  yes  no

Do you have a service or emotional support animal  yes  no

Explain any "yes" answers from above:

**Contact**

Emergency contact:  Relationship:   
Address:  Phone:

***I certify that all the information given above is true and correct and understand that my agreement may be terminated if I have made any material false or incomplete statements in this application. I authorize verification of the information provided in this application from my credit sources, current and previous landlords and employers and personal references.***

***I agree that any deposit placed to hold an apartment will be forfeited if I fail to sign a lease.***

Applicant's Name:   
Applicant's signature   
Date:

FCM Development  
200 E. Railroad St.  
St. Johns, MI 48879  
fcmasondevelopment@gmail.com

**Notes**

**(Owner/Manager):**