

Each adult to be living in the unit must complete a separate application. **Please fill in all blanks.** Failure to do so may delay your application being processed or cause it to be rejected. Please keep the attached instruction sheet.

SRP Management, Inc. RENTAL APPLICATION (2019-2020) Page 1 of 2

Date: _____

Application is hereby made to rent the premises known as _____
(licensed for a maximum occupancy of _____ unrelated individuals) under a lease for about 350 days beginning on a day between Aug.6 and 26, 2019 (or May 17 to 21, 2019) at an annual rent of \$ _____ dollars plus utilities and plus any additional rent imposed for violations of the lease or damages, etc. Each semester's rent is to be paid in advance on July 15th, Dec. 1st, and April 1st. Occupancy under this lease shall end on a day between July 19th and August 8, 2020 (MAY TO MAY leases end on Sunday May 3, 2020).

NOTE: Applicants for "Premier Houses" noted on website must have previous year Landlord references

APPLICANT'S FULL NAME: _____ AGE: _____
SOCIAL SECURITY #. _____ DRIVERS LIC.# _____ Phone # _____
E-MAIL ADDRESS: _____ Do you have any serious allergies? _____
What Fraternity or Sorority or Athletic Team are you a member? _____
How do you know your future housemates? _____

CURRENT ADDRESS: _____
How long there? _____ Your total unit rent? \$ _____ per month
CURRENT LANDLORD'S NAME: _____
Current Landlord's address: _____ Phone No. _____
Type of Dwelling (e.g. apartment, dorm, house, etc.) _____
How many others share your current apartment or house? _____
Why do you want to move? _____

PREVIOUS ADDRESS: _____
Date moved in: _____ Date moved out: _____ Rent you paid: \$ _____ per month
**PREVIOUS LANDLORD'S NAME: _____
Previous Landlord's address: _____ Phone No. _____

PERMANENT HOME ADDRESS: Street: _____
Phone: _____ City: _____ State: _____ ZIP: _____

PERSON TO NOTIFY IN CASE OF an EMERGENCY: _____
Telephone: _____ Street: _____ City: _____ ZIP: _____

STUDENT STATUS: Are you a full time student? _____ Where? _____
Expected date of graduation: Month, year _____ Major: _____

We require that your parent or other working adult guarantee just your portion of the rent and other obligations.
Please give us the name and address of your Limited Guaranty cosigner _____

INCOME: i.e. WHAT ARE THE SOURCES OF YOUR INCOME WHICH YOU WILL USE TO PAY YOUR RENT AND OTHER BILLS? Please fill in A., B., and C. (Below and next page) as appropriate.

A. I will earn money through working at a job (or I have earned money working at a previous job):

CURRENT EMPLOYER: _____ DATES: _____
STREET: _____ CITY: _____ ZIP: _____
SUPERVISOR'S NAME: _____ PHONE: _____
JOB DESCRIPTION: _____ MONTHLY EARNINGS: _____

PREVIOUS EMPLOYER: _____ DATES: _____
STREET: _____ CITY: _____ ZIP: _____
SUPERVISOR'S NAME _____ PHONE: _____
JOB DESCRIPTION: _____ MONTHLY EARNINGS: _____

B. The following INDIVIDUALS (if parents, please give information on both parents) will PAGE 2 OF 2 be providing me income to help pay my rent, utilities, tuition, etc. while I am renting the above property:

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____
HOME TELEPHONE: _____ SOCIAL SECURITY NO. : _____
WORK TELEPHONE : _____ OCCUPATION: _____
DRIVER'S LICENSE NUMBER : _____ Email: _____
TOTAL AMOUNT OF SUPPORT PROVIDED: _____ dollars per month

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____
HOME TELEPHONE: _____ SOCIAL SECURITY NO. : _____
WORK TELEPHONE : _____ OCCUPATION: _____
DRIVER'S LIC. No : _____ Total Support Provided: _____

C. OTHER SOURCES OF INCOME (scholarships, loans, trusts, etc.), GIVE DETAILS (below & on back):

BANKING AND CREDIT REFERENCES:

My checking account is with: _____ ACCT. NO. _____
STREET: _____ CITY: _____ ZIP: _____

My savings account is with: _____ ACCT. NO. _____
STREET: _____ CITY: _____ ZIP: _____

Creditor's Name	Address	Acct No.	Balance due	Mo. Payment
_____	_____	_____	\$ _____	\$ _____

Please list any other debts or accounts you have on the back of this page.

Will you have an auto in East Lansing? ____ Make: _____ Model _____ License No. _____

Have you ever filed bankruptcy, refused to pay rent or been evicted or asked to leave a rental property? ____
If yes, when ? _____ Please give details on the back.

Have you ever received a ticket from the City of East Lansing for anything other than a traffic violation? ____
If yes, when? _____ Please give details on the back.

I understand that the lease prohibits pets, has provisions (like not allowing kegs or bands) to encourage partying that complies with East Lansing laws, and imposes further restrictions if the tenants receive a ticket from the City of East Lansing. More than one ticket for noise, illegal party, etc. could result in the tenants being evicted.

I understand that the unit will not be reserved until all members of my group submit applications, sign the lease, and pay an amount equal to one month's rent towards the Holding Deposit. I understand that the HOLDING DEPOSIT will be forfeited if I withdraw this application for any reason. I understand my "cosigner" must submit a Limited Guaranty of Lease within 10 days of the date the lease is signed or SRP Management, Inc. may declare the Lease null and void and keep all deposits as damages. _____ (INITIALS)

I hereby authorize SRP MANAGEMENT, INC. ,the firm to whom this application is made, or any credit bureau or other investigative agency employed by such firm, now and as needed in the future, to investigate and report on the references listed herein or statements or other data obtained from me, or from any other person, pertaining to my credit, employment, rent history, financial responsibility, MSU financial aid received, criminal record, and tickets issued by the City of East Lansing or other governmental agencies.

I hereby certify that the information given in this application is true to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

I hereby certify that _____ is authorized to act as our GROUP LEADER and as my agent in communicating with SRP Management, Inc. **I also certify that I have read, understood, and retained the "Application Procedures" cover sheet accompanying this application.**

APPLICANT'S SIGNATURE _____ **DATE:** _____