



2487 CHESTNUT HILL DRIVE  
KALAMAZOO, MICHIGAN 49009  
(269) 372-1088

## **RENTAL APPLICATION**

A \$25.00 application fee per application (including co-signer application) is required

Date: \_\_\_\_\_

Size of Apartment Desired: One Bedroom or Two Bedroom (Please circle one)

What date would you like to move in? \_\_\_\_\_

Do you have a preference on floor? 1<sup>st</sup> Floor 2<sup>nd</sup> Floor 3<sup>rd</sup> Floor Any Floor (Please circle one)

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### **APPLICANT #1 INFORMATION**

NAME \_\_\_\_\_ Social Security # \_\_\_\_\_

First

Middle

Last

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # & State \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long? \_\_\_\_\_ Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Your Status: \_\_\_\_\_ Employed full time \_\_\_\_\_ Employed part time \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_ Not Employed

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Employed How Long \_\_\_\_\_ Yearly Income \$ \_\_\_\_\_

### **RENTAL HISTORY:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Month & Year Moved Out \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Is there anything negative in your credit or background check you want to comment on?

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## APPLICANT #2 INFORMATION

NAME \_\_\_\_\_ Social Security # \_\_\_\_\_

First Middle Last  
Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # & State \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long? \_\_\_\_\_ Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Your Status: \_\_\_\_\_ Employed full time \_\_\_\_\_ Employed part time \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_ Not Employed

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Employed How Long \_\_\_\_\_ Yearly Income \$ \_\_\_\_\_

## RENTAL HISTORY:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Month & Year Moved Out \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Is there anything negative in your credit or background check you want to comment on?

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## OTHER OCCUPANTS:

Name	Relationship	Name	Relationship
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Name	Relationship	Name	Relationship
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**Do you have any pets?** ☐ Yes ☐ No

If yes, list type and quantity \_\_\_\_\_

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## ADDITIONAL INFORMATION

Total # of Vehicles \* Including Company Vehicles \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag # & State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag # & State \_\_\_\_\_

THIS APPLICATION INVOLVES NO OBLIGATION TO APPROVE THE APPLICATION OR TO DELIVER OCCUPANCY of the proposed premises. If accepted, the application becomes part of the lease and representation made herein is a material inducement to management accepting applicant.

THE DEPOSIT IS ACKNOWLEDGED AS A NON-INTEREST BEARING DEPOSIT (and not as a rental payment) to be retained by lessor for the duration of the applicants' occupancy of said apartment. In the event the application is approved, the applicant(s) has 30 days after the deposit has been paid to cancel the application and receive all the deposit back. 16 to 30 day's notice cancelation receives 50% of the deposit returned. 0 to 15 days no deposit is returned. The deposit is equal to one month's rent.

IT IS UNDERSTOOD THAT THE PREMISES ARE TO BE USED as a residence occupied only by persons indicated above.

THE APPLICANT(S) HEREBY GIVES CHESTNUT HILLS APARTMENTS and its authorized agent's permission to utilize all of the above information to approve and/or disapprove this application for residency. Owner makes this application with the understanding that is subject to acceptance; applicant agrees that no more than the number of persons listed herein shall occupy the apartment.

I ALSO UNDERSTAND HEREBY THAT IF MY APPLICATION is not accepted for any reason the \$25.00 application fee is non-refundable.

I AUTHORIZE YOU TO CONTACT PREVIOUS LANDLORD(S), CREDIT AND PERSONAL REFERENCES THAT I HAVEN GIVEN IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT AND CRIMINAL BACKGROUND CHECK.

\_\_\_\_\_  
**SIGNATURE** **DATE**

\_\_\_\_\_  
**SIGNATURE** **DATE**

\*\*\*\*\*PLEASE\*\*\*\*\*

- BRING PROOF OF INCOME WHEN TURNING IN APPLICATION
- Pay Stubs - Employer Statement – Tax Statement – Etc. (1 month worth)
- Employment Information can be emailed to [chestnutkalamazoo@gmail.com](mailto:chestnutkalamazoo@gmail.com) or Faxed to 269-372-1088