

◆ *Hope Woods Apartments* ◆

Application Packet

Thank you for your interest in Hope Woods Apartments. In this packet you will find the application and corresponding forms. Please complete and sign all forms before returning your application packet. Should you have any questions about any of the forms, please give us a call, we would be happy to help you.

Each person is required to fill out the application. There is a \$30 application fee when the application is returned. If you do not include the fee when returning the application, it will not be processed. *Please have a certified bank check or money order ready, made payable to Hope Woods Apartments. **No cash is accepted.***

Also, when the application is returned, please be sure to include income verification and have your driver's license/Michigan State ID and social security card available. **These are required to prove identity.**

If you wish to secure an apartment, you may also include a certified bank check or money order for the security deposit of \$500, or you may chose to place a \$200 "good faith deposit", which will be applied to your security deposit upon move in. The "good faith deposit" will secure a place for you on the waiting list. This fee will be made refundable if you are not able to move in.

We look forward to saying "Welcome Home to Hope Woods." Please call (269)353-4712 if you have any questions or concerns.

Thank You,
Hope Woods Management

◆ *Professionally Managed by*
Clearview Property Management Services ◆

Rental Application



Applicant Information

Name:		Email:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?

Employment or Source of Income Information

Current employer or income source:	
Employer/source address:	Monthly income:
2nd income source:	
Address:	
Monthly income:	

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?

Co-applicant Employment or Source of Income Information

Current employer or income source:	
Employer/source address:	Monthly income:
2nd income source:	
Address:	
Monthly income:	

Marketing Data

HOW DID YOU HEAR ABOUT US?	Newspaper _____ Internet _____	Direct Mail _____
	Apartment Guide _____	Other _____
Referred By:	Drive By _____	

We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes.

Proposed date of move-in? _____

Unit Style: _____



EQUAL HOUSING OPPORTUNITY

The applicant(s) has submitted the sum of \$ _____ which is a nonrefundable payment/fee to cover cost of running all background checks and reports. _____
Applicants Initials

I hereby deposit \$ _____ with Management in connection with this rental application. If application is approved and tenancy taken, this deposit shall be applied to the initial move-in cost in accordance with the terms of the lease agreement. I understand I may cancel this application by written notice within 72 hours (prior to a decision) and receive a full refund of this deposit in accordance with the refund policy allowed in the state of Michigan. I understand that it may take up to 30 days to receive a refund if I cancel within 72 hours or if my application is denied. I/we hereby agree to the above terms and conditions. _____
Applicants Initials

I (we) certify that the information provided in this application is accurate and complete and I (we) acknowledge that inaccuracies and/or omissions may be the basis for Managements/Owners immediate cancellation of our application. If at any time during occupancy it is discovered that fraudulent information was submitted to gain approved status for occupancy Management/Owners will take steps to terminate tenancy.

Additional Information		
Number of persons in household:	# of Bedrooms Requested:	Pets:
Does your household require accessibility features?	Describe:	
Reasonable Accommodation request?	Describe:	
<p>I hereby authorize Clearview Property Management Services, LLC to obtain the consumer report and any other information for the purpose of evaluating my applicant. I understand that such information may include but is not limited to credit history, civil and criminal information, records of arrest, rental history, employment or income details and any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or connection with the rental or lease of a resident/owner/member for which application was made.</p> <p>I hereby expressly release Clearview Property Management Services, LLC and any procurer or acquirer of information from any liability whatsoever in the use procurement or furnishing of such information and understand that my application information may be provided to various local, state, and or and/or federal agencies including without limitation, various law enforcement agencies.</p>		
Signature of applicant:		Date:
Signature of co-applicant:		Date:

Do you have a durable power of attorney? Yes No If yes, who? _____

Copies of DPOA paperwork are required in each resident file

_____ AM / PM
 Management Agent: _____ Date: _____ Time: _____

Monies Delivered with this application	
Deposit.....\$ _____	Pet Fee / Deposit.....\$ _____
Credit/background fee.....\$ _____	Total Received.....\$ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Canceled By _____ Date _____	



Rental History Verification

Date: _____ Re: _____

To: _____

With my signature, I do hereby authorize the release of information regarding my rental history.

Applicant Signature

Date

The above-identified person(s) has applied for residency at our property and has indicated to us that you had this person/family as a tenant at your property. As indicated by the signature above, the tenant 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 tenant reside at this address? _____
2. What is/was the monthly rent? _____ Size of unit? _____
3. Is/Was the applicant's rent paid on time? _____ # of late payments _____
Was legal action taken? _____
4. Does/Did the applicant ever create physical hazards or damages to his or her apartment and/or the premises?

5. Does/Did the applicant effectively control their household members and/or guests?

6. Does/Did the applicant cause or participate in disturbances that disrupted the enjoyment of the premises for other residents? _____
7. Did the applicant have unauthorized persons living in their apartment? _____
8. Does/Did the tenant maintain desirable living conditions? _____
9. The tenant's overall conduct while living on your property would best be described as:
excellent _____ fair _____ poor _____?
10. Would you rent to this applicant again? _____
11. Any additional comments? _____

Signature & Title

Phone/E-mail

Date

