



Phone: 734.484.1600 • Fax: 734.484.1601 • Email: 3OaksProperties@um.att.com • Website: ThreeOaksProperties.com

RENTAL APPLICATION

Please complete application and return with a \$50 (nonrefundable) application fee.

In person: 509 W. Forest Ave., Ypsilanti, M-F 1:00–5:00 pm

After Hours: Please use drop box located outside office door

By mail: P.O. Box 981244, Ypsilanti, MI 48198

CHECK OR MONEY ORDER ONLY (NO CASH): Payable to “Three Oaks Properties”

PLEASE PRINT CLEARLY

Applicant Information:

Location of apartment in which you are interested: _____

Last Name: _____ Full First Name: _____ MI: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Best Phone: _____ Email Address: _____

Social Security #: _____ Date of Birth: _____

Drivers License #: _____ State: _____ Expiration: _____

Names of all others who will occupy house or apartment and/or Group Name: _____

Rental History: (last two addresses)

Landlord Name: _____ Phone: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Dates of Residency: (mm/dd/yy) _____ to _____ Monthly Rent: _____

Landlord Name: _____ Phone: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Dates of Residency: (mm/dd/yy) _____ to _____ Monthly Rent: _____

Vehicle Information:

Make: _____ Model: _____ Color _____ License Plate #: _____

Employment History: (last two jobs)

Employer: _____ Position: _____
Address: _____ City: _____ State: _____ Zip: _____
Manager/Supervisor: _____ Phone: _____
Dates of Employment: (mm/dd/yy) _____ to _____ Monthly **Net** Income: _____

Employer: _____ Position: _____
Address: _____ City: _____ State: _____ Zip: _____
Manager/Supervisor: _____ Phone: _____
Dates of Employment: (mm/dd/yy) _____ to _____ Monthly **Net** Income: _____

Lease Guarantor:

Three Oaks Properties LLC may require applicant to have a qualified adult (over 25 years of age with a combined credit score of 700 or higher) act as his/her Lease Guarantor. A Lease Guarantee Agreement must be signed by the Guarantor on or before lease signing. All required paperwork will be sent to the prospective Lease Guarantor by Three Oaks Properties. Please provide the following information:

Name of Lease Guarantor: _____
Address: _____ City: _____ State: _____ Zip: _____
Best Phone: _____ Fax: _____
Email Address: _____

Other Information:

Do you own or plan to own a pet? Yes _____ No _____
If yes, type of pet: _____ Breed: _____ Weight: _____
Do you require a parking space? Yes _____ No _____ (Parking available at **302 N. Hamilton, 509 W. Forest and 201 N. Huron ONLY for \$95/year/vehicle** / Other locations: City pass required for street parking)
Have you ever been evicted from a rental property? Yes _____ No _____
If yes, explain in detail: _____

Has a judgment from a Landlord or Creditor ever been obtained against you? Yes _____ No _____

Landlord/Creditor: _____ Amount: \$ _____

Reason: _____

Have you ever had an account referred to a collection agency? Yes _____ No _____

If yes, explain in detail _____

Have you ever been charged, arrested or convicted of a crime? Yes _____ No _____

If yes, explain in detail: _____

The applicant hereby certifies that he/she is of legal age and the above information is true and accurate and is aware that the owner/manager of the property will rely on this information when entering into a rental agreement. The applicant recognizes that any falsification, misrepresentation or omission will result in the rejection of the application. The applicant authorizes Three Oaks Properties LLC to investigate all statements contained in this application including but not limited to employment and income verification, landlord references, to obtain a credit report, and to periodically update this information throughout the lease term or any extension thereof as allowed by law. Applicant acknowledges that he/she has read and agrees to the terms and conditions in Page 4 of the Rental Application entitled, "Addendum to Rental Application." Information provided in this Rental Application will be incorporated into and become part of the terms and conditions of the lease if a lease is executed.

Signature: _____ Date: _____

Lead-Based Paint Disclosure

Lead Warning Statement:

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Timing of Disclosure:

The parties agree that this Lead-Based Paint Disclosure Form was executed before the Lessee was obligated under any contract to lease.

Lessor's Disclosure:

(a) Presence of lead based paint and/or lead based paint hazards:

____ (i) Known lead-based paint and/or lead-based paint hazards are present in the housing.

X (ii) Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor:

____ (i) Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below)

X (ii) Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgement - INITIAL NEXT TO (c) & (d)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family From Lead in Your Home*.



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Request for Verification of Residency

(Applicant to complete top section ONLY)

Resident'(s) Name: _____
Previous Address: _____ City _____ State _____ Zip _____
Landlord: _____ Contact Person: _____
Phone: _____ Fax: _____

I/We hereby authorize you to release to THREE OAKS PROPERTIES LLC, its employees, officers, agents and assigns; any and all information they may require to investigate my previous/current tenancy with _____ (Landlord).

Signature Date

Print Name

To be completed by current/former Landlord:

1. What were the dates of tenancy? _____ to _____
2. How much rent did the tenant pay each month? \$ _____
3. Was the rent ever paid late? _____ How many times? _____
4. Did you ever have to take legal action against the tenant? _____
 - a. If yes, please explain: _____
5. Did you refund the Security Deposit in full? _____
 - a. If no, please explain: _____
6. Would you rent to this tenant again? _____
 - a. If no, please explain: _____

Please complete form and return via fax to: 734.484.1601 or by email to: 3oaksproperties@um.att.com. If you have any questions or need further information, please call 734.484.1600.

Thank you.
Three Oaks Properties LLC

**THREE OAKS PROPERTIES LLC
VERIFICATION OF EMPLOYMENT**

THIS SECTION TO BE COMPLETED BY APPLICANT OR LEASE GUARANTOR

TO: (Name & full address of employer) _____ Date: _____

Manager's Name: _____
Phone: _____
Fax: _____

I hereby authorize release of my employment information to Three Oaks Properties LLC, its employees, officers and agents.

Signature of Applicant Date Print Name
Social Security #: _____

The individual named directly above has applied for rental housing or to act as Lease Guarantor for applicant with Three Oaks Properties LLC and is required to provide Verification of Income for purposes of qualification. Please complete the Employer Section of this form (below) and return via fax to: (734) 484-1601 or email to: 3OaksProperties@um.att.com. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is important and greatly appreciated.

Sincerely,

Maggie Lamb/Property Manager

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY

Employee Name: _____ Job Title: _____
Presently Employed: Yes ___ Date First Employed: (mm/dd/yy) _____ / No ___ Last Day of Employment: (mm/dd/yy) _____
Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____
Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through ____/____/____
Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____
Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____
Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly other _____
List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____
Is employee eligible for unemployment compensation? ___ Yes / ___ No If yes, how long? _____ How much? _____
Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer's Title Employer [Company] Name and Address

Phone # Fax # E-mail