Del Rio ApartmentsPO Box 115 Monroe, MI 48161, Fax (734) 242-6026, Phone (734) 242-8563

Application for Rental

Application fee of \$50.00 must accompany application when submitted to housing board.

Applicant:	Email:		
(full name)	Drivers License #:		
Birth Date://	State Issued By:	Expires:	
(mo.) (day) (yr.)	SSN#:		
Current Address:	How long at address:		
Current City / State/ Zip:		ly Expenses	
Current Phone #:			
Work Phone:	Current Utilities: \$		
Reasons for moving:			
(please be specific)			
Current Landlord:	Previous Landlord:		
Landlord's Phone:	Previous Landlord Phone:		
May we call your landlord:	May we Call your Previous Landlord:		
Is your lease Current:	Was you lease Current:		
Were you asked to leave:	Were you asked to leave:		
Have you given notice to your landlord:			
CURRENT EMPLOYMENT (must be comple			
Primary Employer:			
(name)	(address) Phone:		
State / City / Zip :			
Job Title:	Supervisor: Wk Hrs:		
Employed Since:	WK HIS:		
Please List all other sources of income. Please Note: for each listed income.	You will have to fill out a	n income verification form	
	Phone:	Pay Rate:	
		Pay Rate:	
	Phone:	Pay Rate:	
Total Net Monthly Income:	Total Net Income last year:		
PREVIOUS EMPLOYMENT (optional)			
Previous Employer: (optional)			
(name)	(address)		
State / City / Zip :	Phone:		
Job Title:	Supervisor:		
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MISC. CREDIT (must answer all questions)			
Do you have an account with a Utility Company?	Have you ever been late ma	aking payments?	
Do you have a Telephone in your name?	your name? Have you ever been evicted?		
Are your accounts Current?	Have you ever been convic	ted of a felony?	
Please feel free to explain any above issues:			

Del Rio Apartments **Application for Rental**

I aı	m applying as a			
	Primary Applicant	☐ Non Resident Cos	igner	
	Spouse			
	Roommate	For apartment #	 	
	you have the entire move in no when?			
Re	quested Rental Agreement			
	Month to Month		Rental Rate Sheets for Curren	t
	Six Month	rates on each	n leasing option.	
	Year(s)			
Но	w many people are to occup	y the apartment?		
Do	you have any pets?	What and How m	any?	
Ple	ease list names, ages, and rela	ationship of all people to o	occupy the premises with you.	
			Relationship	
			Relationship	
			Relationship	
		_	_	
Car	rs / Trucks / Other Vehicles	(Boats, Motor Homes, Etc	c.)	
Ma	ke/Model/Color:		License Plate #:	State:
			License Plate #:	
Ma	ke/Model/Color:		License Plate #:	State:
RE	FERENCES			
Per	rsonal References (NOT Rela	ated)	Phone: ()
			City/State/Zip:	
D			Dl (`
			Phone: (City/State/Zip:	
Au	uiess		City/State/Zip	
Ne	xt of Kin (NOT living with y	you)	Phone: ()
Ad	dress		City/State/Zip:	
			6 .6. 4 .6	
			e purpose of verifying the information fee be returned to me. Keys and	
			ents, rents and deposits have been	
			igate Del Rio Apartments to exe	
			o Apartments to make inquires as	
			I also hereby authorize my Empl	
			l, agree, and understand this ag	
			re true and complete: and hereby ation herein may constitute a crim	
	rs of this state.	nowieuges that talse millima	aton netern may constitute a citi	mai offense under the
	oplicants Signature			Date

Please Return to Del Rio Apartments with a copy of your valid drivers license.