

OTTAWA CREEK APARTMENTS APPLICATION

www.ottawacreek.com

Phone: 616-453-9190 Fax: 616-892-5704

NAME _____ SS# _____ PHONE _____

DRIVER LICENSE # _____ DOB _____

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DRIVER LICENSE # _____ DOB _____

Names of ALL the people who will be living with you.

_____ SS# _____ Relationship _____ DOB _____

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Present Address _____ City _____ State _____ Zip _____ How Long _____

Landlord's Name _____ Address _____ Phone _____

Reason for Moving _____

Previous Address _____ Zip _____ How long _____

Landlord's Name _____ Address _____ Phone _____

Where Do You Work _____ How Long _____ Take home pay _____

_____ How Long _____ Take home pay _____

Other Source of Income _____ How Much _____ Per _____

Bank Name _____ Checking Account # _____

Savings Account # _____

Credit References _____ Phone _____

_____ Phone _____

_____ Phone _____

Nearest relative or best friend _____ Address _____ Phone _____

- 1. Have you ever been evicted from tenancy? () YES () NO
2. Have you ever willfully and intentionally refused to pay rent when due? () YES () NO
3. Do you know of anything which may interrupt income or ability to pay rent? () YES () NO
4. Have you ever been arrested? () YES () NO
If yes, explain _____
5. Do you have or intend to have a pet? () YES () NO
6. Do you have or intend to have a waterbed? () YES () NO

I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge. I understand that any false answers or statements made by me will be sufficient grounds for eviction and loss of any security deposit. With my signature I authorize you to check my credit, employment, and bank history. I agree to stay _____ Months.

Date _____ Signature _____

Date _____ Signature _____