

Each adult to be living in the unit must complete a separate application. **Please fill in all blanks.** Failure to do so may delay your application being processed or cause it to be rejected. Please keep the attached instruction sheet.

**SRP Management, Inc. RENTAL APPLICATION (2010-2011)**

Page 1 of 2

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

Application is hereby made to rent the premises known as \_\_\_\_\_  
\_\_\_\_\_ (licensed for \_\_\_\_\_ unrelated individuals) under a lease for about 352 days  
beginning on a day between Aug.9 and 27, 2010 (or May 14 or 15, 2010) at an annual rent of \$ \_\_\_\_\_  
dollars plus utilities and plus any additional rent imposed for violations of the lease or damages, etc.  
Each semester's rent is to be paid in advance on July 15<sup>th</sup>, Dec. 1<sup>st</sup>, and April 1<sup>st</sup>. Occupancy under this lease shall  
end on a day between July 26<sup>th</sup> and August 15, 2011 (MAY TO MAY leases end on May 1 or 2, 2011)

**\*\*NOTE: Applicants for "Premier Houses" noted on website must have Landlord references \*\***

APPLICANT'S FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_ DRIVERS LICENSE NO. \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ Phone Number \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
How long there? \_\_\_\_\_ Your total unit rent? \$ \_\_\_\_\_ per month

CURRENT LANDLORD'S NAME: \_\_\_\_\_  
Current Landlord's address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Type of Dwelling (e.g. apartment, dorm, house, etc.) \_\_\_\_\_  
How many others share your current dwelling? \_\_\_\_\_  
Why do you want to move? \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_ Rent paid: \$ \_\_\_\_\_ per month  
PREVIOUS LANDLORD'S NAME: \_\_\_\_\_  
Previous Landlord's address: \_\_\_\_\_ Phone No. \_\_\_\_\_

PERMANENT HOME ADDRESS: Street: \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF an EMERGENCY: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

STUDENT STATUS: Are you a full time student? \_\_\_\_\_ Where? \_\_\_\_\_  
Expected date of graduation: Month, year \_\_\_\_\_ Major: \_\_\_\_\_

We require that your parent or other working adult cosign for your portion of the rent and other obligations.  
**Please give us the name and address of your Limited Guaranty cosigner** \_\_\_\_\_

**INCOME: i.e. WHAT ARE THE SOURCES OF YOUR INCOME WHICH YOU WILL USE TO PAY YOUR RENT AND OTHER BILLS?** Please fill in A., B., and C. (Below and next page) as appropriate.

**A. I will earn money through working at a job (or I have earned money working at a previous job):**

**CURRENT EMPLOYER:** \_\_\_\_\_ DATES: \_\_\_\_\_  
STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_ MONTHLY EARNINGS: \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_ DATES: \_\_\_\_\_  
STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_ MONTHLY EARNINGS: \_\_\_\_\_

**B. The following INDIVIDUALS ( if parents, please give information on both parents) PAGE 2 OF 2 will be providing me income to pay my rent, utilities, tuition, etc. while I am renting the above property:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 HOME TELEPHONE: \_\_\_\_\_ SOCIAL SECURITY NO. : \_\_\_\_\_  
 WORK TELEPHONE : \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 DRIVER'S LICENSE NUMBER : \_\_\_\_\_  
 TOTAL AMOUNT OF SUPPORT PROVIDED: \_\_\_\_\_ dollars per month

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 HOME TELEPHONE: \_\_\_\_\_ SOCIAL SECURITY NO. : \_\_\_\_\_  
 WORK TELEPHONE : \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 DRIVER'S LIC. No : \_\_\_\_\_ Total Support Provided: \_\_\_\_\_

**C. OTHER SOURCES OF INCOME (scholarships, loans, trusts, etc.), GIVE DETAILS:**

**BANKING AND CREDIT REFERENCES:**

My checking account is with: \_\_\_\_\_ ACCT. NO. \_\_\_\_\_  
 STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

My savings account is with: \_\_\_\_\_ ACCT. NO. \_\_\_\_\_  
 STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Creditor's Name	Address	Acct No.	Balance due	Mo. Payment
_____	_____	_____	\$ _____	\$ _____

Please list any other debts or accounts you have on the back of this page.

Will you have an auto in East Lansing? \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

Have you ever filed bankruptcy, refused to pay rent or been evicted or asked to leave a rental property? \_\_\_\_\_  
 If yes, when ? \_\_\_\_\_ Please give details on the back.

Have you ever received a ticket from the City of East Lansing for anything other than a traffic violation? \_\_\_\_\_  
 If yes, when? \_\_\_\_\_ Please give details on the back.

**I understand that** the lease prohibits pets, kegs, and live bands, sets a limit on the number of guests who may be on the premises in the evening, and imposes further restrictions if the tenants receive a ticket from the City of East Lansing. More than one ticket for noise, illegal party, etc. will likely result in the tenants being evicted.

I understand that the unit will not be reserved for my group until all members of my group submit applications, **sign the lease**, and pay an amount equal to one month's rent towards the Holding Deposit. **I understand that the HOLDING DEPOSIT will be forfeited if I withdraw this application** for any reason. I understand my cosigner must submit a Limited Guaranty of Lease within 10 days of the date the lease is signed or SRP Management, Inc. may declare the Lease null and void and keep all deposits as damages. \_\_\_\_\_ (initials)

I hereby authorize SRP MANAGEMENT, INC. ,the firm to whom this application is made, or any credit bureau or other investigative agency employed by such firm, to investigate and report on the references listed herein or statements or other data obtained from me, or from any other person, pertaining to my credit, employment, rent history, financial responsibility, MSU financial aid received, criminal record, and tickets issued by the City of East Lansing or other governmental agencies.

I hereby certify that the information given in this application is true to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

I hereby certify that \_\_\_\_\_ is authorized to act as our GROUP LEADER and as my agent in communicating with SRP Management, Inc. **I also certify that I have read, understood, and retained the "Application Procedures" cover sheet accompanying this application.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_