

PO Box 80405 Lansing, MI 48908 www.morleighinc.com

Morleigh Rental Application

Application Fee:

- Each application requires a \$50.00 non-refundable application fee.
- Applications will not be processed until they are fully completed, and the fee has been paid.

Separate Applications Required:

• Each individual 18 years of age or older who will reside in the unit must submit a separate application.

Unit Availability Confirmation:

• Before applying, you must call our office to confirm that the property you are interested in currently has a unit available for rent.

Income Requirement:

- Applicants must have a gross monthly income equal to at least 3 times the monthly rent.
- Proof of income is required and must be submitted with your application.

Application Screening: Morleigh Inc. conducts the following checks for each applicant:

- 1. Credit History
- 2. Criminal Background
- 3. Rental History
- 4. Income Verification

Holding Fee for Approved Applications:

- Once your application is approved, a \$400.00 non-refundable holding fee is required to secure the unit.
- This fee will hold the unit for up to 30 days and will be credited toward your total move-in fees.

Questions:

• If you have any questions regarding our qualifications or application requirements, please contact our leasing office at 517- 579-4934 before submitting this application.

Electronic Communication:

• Morleigh Inc. communicates with applicants and tenants through phone calls, voicemails, text messages, emails, and other electronic methods. By applying, you consent to receive communication via these channels.

Attention: Midtown Apartments located at 222 W. Kalamazoo Street, Applicants

• If you are applying for Midtown Apartments at 222 W. Kalamazoo Street, please note the following. This building was built in the 1920s and does not have a modern climate control system. The heating system is radiant steam heat. When the heat turns on, the pipes occasionally make a rattling and clanging noise. If these noise irregularities would disturb you, please do NOT apply for this building.

I have read and agreed to the terms of this application.

Property/Apartment Complex

| Property: | |
|-----------------------|--|
| Unit # | |
| Desired move-in date: | |

| Have you confirmed with a | leasing agent that th | nere is availability | at the property fo | r which you are applying? |
|---------------------------|-----------------------|----------------------|--------------------|---------------------------|
| Yes No | | | | |

Tenant Information

| First Name: | |
|-------------------------|--|
| Middle Name: | |
| Last Name: | |
| Date of Birth: | |
| Social Security Number: | |
| Phone Number: | |
| Email: | |

Current Residence

Other Occupants

How many total occupants will be living in the unit/apartment?

Anyone over the age of 18 must fill out a separate application.

| Additional Occupant |
|---------------------|
|---------------------|

| Full Name: | |
|------------------------|--|
| Date of Birth: | |
| Relation to Applicant: | |

| Additional Occupant #2 | |
|------------------------|--|
| Full Name: | |
| Date of Birth: | |
| Relation to Applicant: | |

Additional Occupant #3

| Full Name: | |
|------------------------|--|
| Date of Birth: | |
| Relation to Applicant: | |

Pets, Service Animals, and Emotional Support Animals

If you intend to have a pet, animal, service animal, or emotional support animal residing in the unit, you must contact our office prior to submitting an application. It is your responsibility to speak directly with a leasing agent before applying to clearly review and acknowledge all animal-related policies, requirements, and whether any fees will apply.

Vaccination Requirement: Proof of current vaccinations is required and must be provided to our leasing staff before your move-in date.

- Canine Vaccine Requirements: Canine Distemper, Parvo, and Rabies (Veterinary proof is REQUIRED)
- Feline Vaccine Requirements: Feline Distemper and Rabies (Veterinary proof is REQUIRED)

| Do you have an animal/pet? | |
|----------------------------|--|
| What type of animal/pet? | |
| How many animals/pets? | |

Pet, Service, or Support Animal #1

| Name: | |
|---------|------|
| Breed: | |
| Color: | |
| Weight: | Age: |

Pet, Service, or Support Animal #2

| Name: | |
|---------|------|
| Breed: | |
| Color: | |
| Weight: | Age: |

Employment & Income Information

Applicants must have a gross monthly income equal to at least 3 times the monthly rent.

Do you currently make at least 3 times the monthly rent? Yes_____ No _____

ATTACH FOUR MONTHS OF YOUR MOST RECENT PAY STUBS.

| Gross Monthly Income: | (Before taxes) \$ |
|-----------------------|-------------------|
| Current Employer: | |
| Job Title: | |
| Start Date: | |
| Address: | |
| Phone: | |
| Supervisor: | |

| Previous Employer: | |
|--------------------|----|
| Yearly Salary: | \$ |
| Job Title: | |
| Start Date: | |
| Address: | |
| Supervisor: | |

| Other Sources of Income Income (other) | Amount received mo | onthly \$ | |
|---|-----------------------------|----------------|---|
| Rental History | | <i>y</i> + | |
| Rental History | | | |
| Current Address: | | | |
| - | | t or Buy? | |
| Landlord's Name: | Lan | dlord's Phone: | |
| Street Address: | | | |
| Apt #: City: | State: | Zip Code: | |
| Reason for leaving? | | | |
| Previous Address: | | | |
| Monthly Rent: \$ | Ren | t or Buy? | |
| Landlord's Name: | Lan | dlord's Phone: | _ |
| Street Address: | | | |
| Apt #: City: | State: | Zip Code: | |
| Reason for leaving? | | | |
| Additional Information | | | |
| Have you ever declared bank | ruptcy? Yes No | | |
| | | | |
| Have you ever been evicted? | Yes No | | |
| - | | | |
| Have you ever been evicted? Do you smoke? Yes Have you ever been convicted | lo |) | |
| Do you smoke? Yes N | d of a felony? YesNo | | |
| Do you smoke? Yes N Have you ever been convicte If yes, please explain: Emergency Contact Inform | No d of a felony? Yes No | | |
| Do you smoke? Yes N Have you ever been convicte If yes, please explain: | No d of a felony? Yes No | | |
| Do you smoke? Yes N Have you ever been convicte If yes, please explain: Emergency Contact Inform | No d of a felony? Yes No | | |
| Do you smoke? Yes M Have you ever been convicte If yes, please explain: Emergency Contact Informa First and Last Name: | d of a felony? Yes No | | |

Referral

| If you were referred to our company by a current resident, please list their first and last name. | | |
|---|--|--|
| First Name: | | |
| Last Name: | | |
| Phone Number: | | |

By checking this box applicant(s) hereby consent to allow the owner, manager, or his/her/their agent (hereinafter "Landlord") to obtain credit information, criminal history, rental history and related information regarding the applicant(s) for the purpose of determining whether or not to enter into a lease with the applicant(s). Applicant(s) understand that Landlord shall have a continuing right to review applicant's credit information, rental application, payment history, occupancy history, criminal background history and related information for account review purposes and for improving application methods. I hereby expressly release Morleigh Inc and any procurer or furnisher of information for any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local/state and/or federal government agencies including without limitation various law enforcement agencies.

By checking this box applicant(s) hereby declares that all information provided on this Rental Application is complete, true, and correct to the best of his/her/their knowledge. Applicant(s) hereby authorizes the owner, manager, or his/her/their agent (hereinafter "Landlord") to verify any information at any time contained in this application, including but not limited to, verification of current residency and employment. This application is for preliminary screening use only and does not obligate Landlord to execute a rental agreement or deliver possession of the premises. Applicant(s) further acknowledges that any false or fraudulent information contained herein will void this application and terminate any rental agreement.

Authorization

I have read and agreed to the terms of this application. By signing below, you agree to and understand the application requirements.

| Signature: | | | |
|------------|---|--|--|
| | | | |
| Date: | - | | |

Rental History

| Monthly Rent: | \$ | |
|-----------------|-------------------|--|
| Landlord Name: | Landlord Phone #: | |
| Street Address: | | |
| Apt. # | City: | |
| State: | Zip Code: | |

Are you currently living at this address? Yes _____ No _____ Reason for leaving? _____

Previous Address:

| Monthly Rent: | \$ |
|-----------------|-------------------|
| Landlord Name: | Landlord Phone #: |
| Street Address: | |
| Apt. # | City: |
| State: | Zip Code: |

Reason for leaving? _____

Additional Information

| Have you ever declared bankruptcy? | Yes | No |
|------------------------------------|-----|----|
| Have you ever been evicted? Yes | No | |

Do you smoke? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

Emergency Contact Information

| First and Last Name: | |
|----------------------------|--|
| Phone: | |
| Address: | |
| Relationship to Applicant: | |

Referral

| If you were referred to our company by a current resident, please list their first and last name. | | | |
|---|--|--|--|
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| Last Name: | | | |
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