## McCardel Management 1903 Wood Street Lansing, MI 48912 (517) 487-1080 -FAX (517) 487-8613

## RENTAL APPLICATION

Personal Information					
Applicant's Full Name				hat the second s	
Current Street Address	<u> </u>				****
City	State		Zip Code	e	
Phone Number:					
Social Security Number		Σ	Date of Birth_		<u> </u>
Driver's License Number					
Total Gross Monthly Income			ARRIVATION TO THE RESIDENCE OF THE PROPERTY OF		
Present Employment	Address				
Phone Number	_ Position			How Long	
Current Landlord	Phone Number				
How long	Amou	nt of Rent	t per month		
Reason For Moving	MI TO COMPANY				
Have you Ever Been Evicted?		_Have yo	ou Ever Filed	Bankruptcy	
Are you a Smoker?	Do Yo	u have a I	Pet?		,
Person to Contact in case of an	emergency:			Phone No	

(Continued on Reverse Side)

Spouses Name				
Social Security Number		Date of Birth		
Driver's License Number				
Present Employment	Address			
Phone Number	Position	Phone Number		
Total Gross Monthly Income				
Have you Ever Been Evicted?	Have you Ever Filed Bankruptcy			
Are you a Smoker?				
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Applicant's Signature				
Spouse Signature		Date		