

APPLICATION FOR TENANCY IN PASCHALL APARTMENTS

Office location at 813 E. Michigan Avenue, Ypsilanti, MI 48198

Phone (734)483-1136

www.paschallapartments.com

Date: _____

When returning application please provide:

- Two most recent pay check stubs • Valid Photo ID • \$40 Cash or Money Order Non-Refundable • Proof of Rent Assistance
- If available please bring a copy of current rent ledger to speed up application process*
**Please fill out completely, failure to do so will result in automatic denial.*
To email pay stubs, please send to paschallapts@gmail.com

APPLICANT INFORMATION

Applicant Name _____ DOB _____

Phone _____ S. S.# _____ Age _____

Children: 1. _____ Age _____ 2. _____ Age _____

How did you hear about us? _____

Are you applying to be a cosigner? YES NO For who? _____

Will you have a roommate? YES NO Roommate Name: _____ Age _____

APPLICANT PRESENT ADDRESS:

Address _____ City _____

State _____ Zip _____ How Long? _____ Are you currently renting? YES NO

How much is your rent? \$ _____ Landlord Name: _____ Landlord Phone: _____

APPLICANT PRIOR ADDRESS:

Address _____ City _____

State _____ Zip _____ How Long? _____ Were you renting? YES NO

How much was your rent? \$ _____ Landlord Name: _____ Landlord Phone: _____

APPLICANT CURRENT EMPLOYER:

Name _____ Address _____ Position _____

City _____ State _____ Zip _____ Phone # _____ Monthly Income \$ _____ Employed Since _____
Mo/Yr

APPLICANT PREVIOUS EMPLOYER:

Name _____ Address _____ Position _____

City _____ State _____ Zip _____ Phone # _____ Monthly Income \$ _____

Length of Employment _____ Mo/Yr Started _____ Mo/Yr Finished _____ Reason for Leaving _____

SOURCES OF INCOME/ASSISTANCE:

Applicant Hourly Wage \$ _____ Hours per Week _____ Salary's Per Month \$ _____ Commissions/Tips per Week \$ _____

Social Security per Month \$ _____

Food Assistance per Month \$ _____ Paid by Who _____

Housing Assistance per Month \$ _____ Paid by Who (Please provide proof of assistance) _____ Section 8? YES NO

Child Support/Alimony per month \$ _____ Other per month \$ _____

EMERGENCY CONTACT: (Not living with you)

Person's Name _____ Address _____

City _____ State _____ Zip _____ Relation _____ Phone # _____

OTHER INFORMATION:

Applicant Do you currently or have you previously owned real estate? YES NO Explain _____

Have you ever been evicted or filed in court from any apartment or rental premises? YES NO Explain _____

Do you have a cat? YES NO How many? _____ **NO DOGS ALLOWED ON PROPERTY!**

NEW APARTMENT:

Property Preferred: 1BR _____ 2BR _____ Property Name _____

Date apartment is needed _____ How long do you want the apartment for? _____

I represent that the information provided in this application is true and correct to the best of my knowledge. Paschall Apartments and/or Jo-Mar Realty is hereby authorized to verify any and all rental and employment information with any landlords and employers and to request a credit check. I also authorize Paschall Apartments and/or Jo-Mar Realty to request a report from the Washtenaw County Sheriff's Department, Michigan State Police, and Identification Bureau for any negative records and a criminal background check.

REPRESENTATIVE/CASE WORKER:

I give permission for Paschall Apartments/Jo-Mar Realty to disclose any personal information of mine with (Name/Agency) _____

Applicant Printed Name _____ Signature _____

Date _____

OFFICE USE ONLY

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE OR DISABILITY. LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

Applicant is: Accepted _____ Refused _____ Needs a Payee Service _____ Needs a Cosigner _____ By: _____ Date: _____

Notified Applicant: Talked To _____ Left Message _____ Date: _____

Assigned Property Address: _____