

# APPLICATION FOR TENANCY IN PASCHALL APARTMENTS

Office location at 1155 E Forest 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: \_\_\_\_\_