

Garno Property Mgmt

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 St. Johns, MI 48879
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Rental Application

NAME OF TENANT:	DATE OF BIRTH:	SOCIAL SECURITY NO: _____		
NAME OF CO-TENANT:	DATE OF BIRTH:	SOCIAL SECURITY NO: _____		
PRESENT ADDRESS:	CITY:	STATE:	ZIP:	
RESIDENCE PHONE:	BUSINESS PHONE:	CELL PHONE:	EMAIL:	
HOW LONG AT PRESENT ADDRESS:	LANDLORD:	RENT AMT:	PHONE:	WHY MOVING?
PREVIOUS ADDRESS: :	CITY:	STATE:	ZIP	
OCCUPANTS RELATIONSHIP:	CHILDREN/AGES:	PETS/BREED:		
CAR MAKE:	YEAR:	MODEL:	COLOR:	LICENSE NO:

OCCUPATION

	PRESENT OCCUPATION*	PRIOR OCCUPATION	CO-TENANT'S OCCUPATION
OCCUPATION (FULL TIME OR PART)			
EMPLOYER			
SELF-EMPLOYED, D.B.A.			
BUSINESS ADDRESS			
BUSINESS PHONE			
TYPE OF BUSINESS			
POSITION HELD			
NAME AND TITLE OF SUPERVISOR			
HOW LONG EMPLOYED			
MONTHLY GROSS INCOME			

If employed or self employed less than 2 years, give same information on prior occupation.

REFERENCES

BANK REFERENCE	ACCOUNT #	PHONE			
CREDIT REFERENCE	ACCOUNT NO.	ADDRESS	HIGHEST AMT OW ED	PURPOSE OF CREDIT	DATE OPEN/CLOSED
PERSONAL REFERENCE	ADDRESS	PHONE	LENGTH OF ACQUAINTANCE	OCCUPATION	
NEAREST RELATIVE	ADDRESS	PHONE	CITY	RELATIONSHIP	

Do you smoke? _____

Have you ever filed for bankruptcy? _____

Have you ever been evicted from tenancy? _____

List any outstanding liens, judgments, & collections: _____

Have you ever been charged with a felony? _____

Have you ever wilfully and intentionally refused to pay rent when due? _____

I DECLARE THAT THE FORGOING INFORMATION IS TRUE AND CORRECT, AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF A CONSUMER CREDIT REPORT.

I AGREE THAT LANDLORD MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE OF ANY MISSTATEMENT MADE ABOVE. ALL SECURITY DEPOSITS TENDERED ARE NON REFUNDABLE.

 APPLICANT

 APPLICANT

 DATE

 DATE

Property Address: _____