Please complete the application and send it to msrholdings@gmail.com.

A. General Information

First Name

Middle Intial

Last Name

Birth Date

Email

Mobile Phone

Home Phone

Driver's License or ID#

State

Social Security Number

B. Current Address

Street Address - Line One

Street Address - Line two

City

State

Zip Code

C. Residence History

Please provide at least two years of residence history, including the contact information and address of your previous landlord or mortgage holder.

Residence 1

Name

Dates

From: **To:**

Contact Person

Email

Phone

C. Residence History (continued)

Residence 2

Name | **Dates** | **Contact Person**

Email | **Phone**

Residence 3

Name | **Dates** | **Contact Person**

Email | **Phone**

D. Income Sources

Name (Employer) | **Years Employed** | **Monthly Income**

Name (Employer) | **Years Employed** | **Monthly Income**

E. Verification Documents

Requirements (Must submit all of the following)

1. Pay Stubs From Previous Two Months
2. Previous Tax Year W-2
3. Photo Identification (Drivers License or State Issued ID, Passport, or Military ID)
4. Proof of Income (Bank Statement, Pay Stub, Recent W-2, or Recent 1099)

Include with application.

F. Add Applicant

Type of Applicant
(Co Applicant, Guarantor, Adult Occupant, Minor Occupant)

Relation to Primary Applicant

References

Please provide at least two references.

Reference 1

First Name **Last Name** **Relation**

Phone **Email**

Reference 2

First Name **Last Name** **Relation**

Phone **Email**

G. Emergency Contact

Please provide an emergency contact.

First Name **Last Name** **Relation**

Phone **Email**

H. Vehicles

Please add any vehicles that you will be parking on the premises.

Vehicle 1

Make

Model

Year

Color

License Plate

State

Vehicle 2

Make

Model

Year

Color

License Plate

State

I. Pets

Please list any pets that will be staying in the unit.

Pet 1

Name

Type (Cat, Dog, Other)

Breed

Approx. Weight (lb.)

Age (Years)

Pet 2

Name

Type (Cat, Dog, Other)

Breed

Approx. Weight (lb.)

Age (Years)

J. Additional Information

If you answer yes to any of the following questions, please provide a brief explanation.

Do you or anyone who will be living in the apartment smoke? ☐ Yes ☐ No

Have you ever been served a late rent notice? ☐ Yes ☐ No

Have you ever been served an eviction notice? ☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

K. Other

Current employer contact info.

Name **Phone**

Current or previous landlord contact info.

Name **Phone**

Review and Sign Application

Your application will not be processed and no background checks will be performed until payment has been received for your application.

Signatures

By signing this application, I verify that the statements in this application are true and correct. I authorize the use of the information and contacts provided to complete a credit, reference, and/or background check. I understand that false or lack of information may result in the rejection of this application.

Applicant 1

x_____ Date _____

Final Steps:

1. **Complete Application**
2. **Sign and Date Completed Application**
3. **Scan or Photograph All Required Verification Documents**
4. **Email or Drop Off Completed Application and Verification Documents**

Email documents to msrholdings@gmail.com

OR

Drop off by appointment to:

5953 Chase Rd

Dearborn, MI 48126

PH: (313) 406-3013