

APPLICATION FOR RESIDENCY

Falcon Crest

APARTMENTS

24450 Little Mack Ave
St. Clair Shores, MI 48080



falconcrest@goldenmanagement.com

(586) 219-1494

For Office Use Only

Building: _____ Unit: _____ S/D Amount: \$ _____

M/I Date: _____ M/I Time: _____ Amount Paid: \$ _____

I. PERSONAL DATA

Applicant's Name (First, M.I., Last) _____ Date of Birth _____ Social Security Number _____

Applicant's Cell Phone Number _____ Applicant's Email Address _____ U.S. Citizen (Yes or No) _____

Can we use you email address as our primary contact with you?(Circle One) **YES** or **NO**

II. OCCUPANTS LIVING WITH APPLICANT

Occupants Name	Date of Birth	Sex	Relationship	Social Security Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

III. RESIDENCE HISTORY

Present Address _____
Street _____ City _____ State _____ Zip _____

Length of Occupancy _____ Rent/Mortgage Payment _____

Landlord/Management Company _____ Phone Number _____

Lease Expiration Date _____ Reason for Moving _____

Prior Address _____
Street _____ City _____ State _____ Zip _____

Length of Occupancy _____ Rent/Mortgage Payment _____

Landlord/Management Company _____ Phone Number _____

Lease Expiration Date _____ Reason for Moving _____

Have you ever been evicted?(Circle One) **YES** or **NO**

If YES, please explain _____

IV. EMPLOYMENT INFORMATION

Applicant Employed By _____ Phone _____

Length of Employment _____ Position Held _____

Supervisor _____ Phone _____

Employer's Address _____
Street _____ City _____ State _____ Zip _____

Gross Annual Salary \$ _____

Previous Employer _____ Phone _____

Length of Employment _____ Position Held _____

Supervisor _____ Phone _____

Employer's Address _____

Street _____ City _____ State _____ Zip _____

Gross Annual Salary \$ _____

Spouse Employed By _____ Phone _____

Length of Employment _____ Position Held _____

Supervisor _____ Phone _____

Employer's Address _____

Street _____ City _____ State _____ Zip _____

Gross Annual Salary \$ _____

Spouses Previous Employer _____ Phone _____

Length of Employment _____ Position Held _____

Supervisor _____ Phone _____

Employer's Address _____

Street _____ City _____ State _____ Zip _____

Gross Annual Salary \$ _____

V. OTHER INCOME

Potential Overtime \$ _____ Bonus/Commissions \$ _____

Child Support Payments \$ _____ Alimony Payments \$ _____

Other Income Type _____ Amount \$ _____

VI. BANKING AND CREDIT

Bank _____ City/State _____ Phone _____

Checking Account (Circle One) **YES** or **NO** Savings Account (Circle One) **YES** or **NO**

Auto Loan With _____ Monthly Payment \$ _____ Balance Owing \$ _____

VII. AUTOMOBILES

Applicant Driver License Number _____ Spouses Driver License Number _____

Make	Model	Year	Color	License Plate Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

VII. PETS

Type	Age	Color	Name
_____	_____	_____	_____
_____	_____	_____	_____

IX. EMERGENCY CONTACTS (Not Living with You)

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

X. APPLICANT'S CONSENT

It is my/our understanding that this application is preliminary only and involves no obligation of the Owner or its' Agent to approve this application, or to deliver occupancy of the proposed premises. If this application is accepted by the Owner or its' Agent the security deposit herewith paid be applied to the lease and damage agreement and applicant upon signature hereon forfeits all claims to deposit as liquidating damages should applicant cancel after acceptance.

The applicant(s) whose signature(s) appear below hereby authorize the holder of the Consent Agreement to investigate his/her/their past history for the purpose of determining approval or disapproval of his/her/their application for residency. This consent shall include any history or applicant history at any apartment association, and whatever credit bureaus or other sources the apartment owner or agent deems necessary in determining approval of the application.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____