Pinefield, LLC. Application for Residency and Agreement to Lease

	Name:	ame:					Social Security Number:						Date of Birth:		
	Spouses' Name:	pouses' Name:				Social Security Number:					D	Date of Birth:			
	lias (i.e.: maiden, nicknames, etc):				Address Appling for:					Т	Today's Date:				
•	Occupants (i.e. children, r	•					<u> </u>								
	How did you <i>first</i> hear abo Gazette □ Rent Net □	ow did you <i>first</i> hear about Pinefield?									Kalamazoo				
•	Home Telephone:					Work Telephone:									
	Current Address:				City / State:				Zip: Mo		Ionthl	nthly Payment: Since:			
	Rental Community/Mortgage Company:								T	Telephone:			Own 🗌	Rent	
	Previous Address (if at your o	Previous Address (if at your current address less than 1 year):				City / State:				Zip: Mo		Ionthl	y Payment:	Since:	
	Rental Community/Mortgage Company:									<u> </u>			Own 🗌	Rent	
		1. Have you ever been evicted by a landlord? Yes								ever been convicted of, pl			Lead guilty, or plead "no		
	If yes, explain					contest" to any felony?				_	Yes No No lition two (2) or three (3) please explain:				
contest" to a sexual offense? Yes No										(-) [
	New/Present Employer:			Addres	SS:							Phone:			
	Position:	Superviso			Sinc	Since:			Gross Mor		nthly Income:				
	Previous Employer:				Address:								Phone:		
	Position: Super			r:			Since:			Gross Mo		Month	onthly Income:		
	Spouses Employer:	Spouses Employer:			Address:							Phone:			
	Position:	Superviso	ır:		Since:			Gross Monthly Income:							
	Total Liquid Assets: Oth				ther Sources of Income (Specify amounts and sources):										
	Emergency Purposes														
	Emergency Contact:				Address:								Phone:		
	Nearest Relative:				Address:							Phone:			
	Pet Information: The Land			all perr			gister	ed with		llord and	license				
	Description:	ht:	Age	9:		Color:				Pe	Pet Fee:				
	Description:	nt:			Age:			Color:			P	Pet Deposit:			
	Veterinary Name: Vet				terinary Phone:					Veterinary Fax:					
	If applicable, does	your c	at(s) have f	ront cla	aws 🔲	yes or \Box	no	ls yo	our anima	al neuter	ed or sp	ayed´	? 🔲 yes or 🛭	no	
'	/ehicle Information Limit One-stall gara	ed parl	king on prer	mises. two vehic	Storag	ge of boat o-stall garage	t <mark>s, ca</mark> s are a	mpers,	recreati	i <mark>onal ve</mark> ehicles. A	hicles, e Motorcycle	etc. is	prohibited. sidered one vehic	de.	
						uses' Driver's License Number: Ho					How	w many vehicles will be on the perty? 1 2 3			
	Vehicle Plate Number: Make / N					/ Model:				Color	Color / Year:				
	Vehicle Plate Number: Make / I				/ Mode	Model: Color / Yea					Year:	r:			
	Rental Information														
	Requested Move-In Date: Monthly Rental Rate \$			ıl Rate:	: Term of Lease: Non-refundable Received				Application Fee: \$50.00 per Condominium / / by check#						

Pinefield LLC

Application for Residency and Agreement to Lease

I/We understand that submission of this application does not assure that I/We will be leased a unit. I certify that the statements on this application are true and complete. I understand that any false statement or misstatement on this application may cause rejection of the application. I hereby grant Pinefield, LLC., and it's employees and agents permission to investigate my employment history, police record, character, general reputation, and all other matters in which they have a legitimate interest. I authorize any person and/or company contacted by Pinefield to release all requested information. I expressly waive any right to receive written notice of the provision of such information and I release and agree to hold the providers of such information harmless for providing any requested information or reports.

Application Fee: I/V	Ve agree to pay an application	fee of \$ to Pinefield Condominiums
		ation and processing the application. I
acknowledge that the	fee is not applied to the secur	ity deposit or rent.
I acknowledge that I I and agreements.	nave read and understand the f	foregoing disclosures, waivers, and releases
Applicant:		Date:
Applicant:		Date:
Received by Agent:		Date:
Photo ID	Application Fee	Security Deposit

Please return to 6219 Silver Fir Street, Portage, Michigan 49024 - Fax: 269.353-8773

