



Rental Application

How did you hear about property? _____
 Property: _____
 Date: _____
 Date Office Received: _____

G-6235 Corunna Rd. Suite D
 Flint, Michigan 48532
 810.732.3355
 Fax: 1-866-306-5103
 Website: ipmental.com

Are You a CO-SIGNER: Y/N (if yes #Dependents _____
 CO-SIGNING FOR _____

Credit Check

Applicants or Co-Signer Name _____		
First	Middle	Last
Maiden Name or Alias _____		
Date of Birth _____		SS#: _____
Identification# _____		Expiration _____
Car Make/Model _____		Car Plate: _____
Email _____		
<input type="checkbox"/> Text Cell # _____		Home Phone _____

Rental/Mortgage History **** 3 References, 3 yrs minimum required ** PREFERABLY NON-RELATIVE**

1) Current Address _____ City _____ State _____	1) Yrs	
ZIP _____		\$
Landlord/MTG Name _____ Landlord Phone _____		
2) Previous Address _____ City _____ State _____	2) Yrs	
Zip _____		\$
Landlord Name _____ Landlord Phone _____		
3) Previous Address _____ City _____ State _____	3) Yrs	
Zip _____		\$
Landlord Name _____ Landlord Phone _____		

Employment History

Name of Employer _____	Years _____	Shift: 1 2 3	Full / Part
Position _____	Manager _____	Phone _____	
Address _____	City _____	State _____	Income _____
			<small>MONTHLY</small>
CA/DHS _____	/FoodStamps _____	/SEC8 amount _____	SSI/SS _____
CASEWORKER Phone: _____	CHILD SUPPORT _____		
Additional Source of Income _____			

Additional Occupants OTHER THAN SELF **** Anyone 18 or older must submit a separate application ****

Name _____	D.O.B _____	Relation _____
First _____ Middle _____ Last _____		
Name _____	D.O.B _____	Relation _____
First _____ Middle _____ Last _____		
Name _____	D.O.B _____	Relation _____
First _____ Middle _____ Last _____		
Name _____	D.O.B _____	Relation _____
First _____ Middle _____ Last _____		

Rent _____	Deposit _____	Pet Deposit _____	App Fee _____	Rec By _____
Rent Special (If Qualified) _____		Water/Sewer Deposit _____		

