



OAKLAND MANAGEMENT CORPORATION

31731 Northwestern Hwy., Suite 250W
P.O. Box 2360
Farmington Hills, Michigan 48334-1654

APPLICATION FOR RESIDENCY

Uptown Apartments
286 Ridge Road
Canton, MI 48187

PLEASE TELL US ABOUT YOURSELF

PERSONAL INFORMATION	LAST NAME		FIRST NAME		MIDDLE NAME		BIRTHDATE Month _____ Day _____ Year _____ Age _____		
	PRESENT ADDRESS				CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE
	LANDLORD NAME				HOW LONG	RENTAL RATE	OTHER NAMES ON LEASE	AREA CODE	TELEPHONE
	PREVIOUS ADDRESS				CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE
	LANDLORD NAME				HOW LONG	RENTAL RATE	OTHER NAMES ON LEASE	AREA CODE	TELEPHONE
	SOCIAL SECURITY NUMBER				DRIVERS LICENSE NUMBER (ATTACH COPY)				
	EMERGENCY CONTACT NAME (MUST BE LOCAL)				RELATIONSHIP				
	EMERGENCY CONTACT ADDRESS				CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE
	PERSONAL REFERENCE NAME	RELATIONSHIP	ADDRESS		CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE
	PERSONAL REFERENCE NAME	RELATIONSHIP	ADDRESS		CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE
PERSONAL REFERENCE NAME	RELATIONSHIP	ADDRESS		CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE	
EMPLOYMENT AND INCOME	NAME OF PRESENT EMPLOYER		ADDRESS		CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE
	TITLE		HOW LONG	NAME OF HUMAN RESOURCE DIRECTOR					
	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	Commission <input type="checkbox"/>	GROSS MONTHLY WAGES	OTHER MONTHLY INCOME		SOURCE OF OTHER INCOME		
	NAME OF PREVIOUS EMPLOYER		ADDRESS		CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE
	TITLE		HOW LONG	NAME OF HUMAN RESOURCE DIRECTOR					
	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	Commission <input type="checkbox"/>	GROSS MONTHLY WAGES	OTHER MONTHLY INCOME		SOURCE OF OTHER INCOME		
FINANCIAL INFORMATION	BANK		ADDRESS		CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE
	CHECKING ACCOUNT NUMBER		BALANCE	SAVINGS ACCOUNT NUMBER				BALANCE	
	NAME OF MORTGAGE HOLDER		ADDRESS		CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE
	ESTIMATED VALUE OF HOME		PURCHASE PRICE		BALANCE OWING			MONTHLY PAYMENT	
	MAKE OF AUTO	YEAR	STATE AND LICENSE		FINANCED BY		BALANCE OWING	MONTHLY PAYMENT	
	MAKE OF AUTO	YEAR	STATE AND LICENSE		FINANCED BY		BALANCE OWING	MONTHLY PAYMENT	
	CREDIT CARD/RETAINER	ISSUING BANK	CARD/ACCOUNT NUMBER		BALANCE OWING	MONTHLY PAYMENT	EXPIRATION DATE		
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ADDITIONAL INFORMATION

<i>NAMES OF THOSE TO OCCUPY LEASED PREMISES OTHER THAN YOURSELF. IF NONE, SO INDICATE.</i>					
NAME	AGE	RELATIONSHIP			
NAME	AGE	RELATIONSHIP			
<i>PLEASE ANSWER THE FOLLOWING QUESTIONS.</i>					
DO YOU HAVE ANY PETS? _____ IF SO, SPECIFY KIND _____ POUNDS _____					
DO YOU OWN A MOTORCYCLE, VAN, BOAT, TRAILER, TRUCK, CAMPER OR COMMERCIAL VEHICLE? _____ IF SO, SPECIFY _____					
HAVE YOU BEEN EVICTED FROM AN APARTMENT? YES _____ NO _____					
ARE YOU CURRENTLY ON AN ACTIVE LEASE ELSEWHERE? YES _____ NO _____					
HOW DID YOU FIND OUT ABOUT OUR APARTMENTS?					
COMMUNITY NAME	COMMUNITY NUMBER	BUILDING NUMBER	APARTMENT NUMBER	TYPE OF APARTMENT	
ADDRESS	CITY	STATE	ZIP CODE	SRC CODE	RESIDENT NUMBER
LEASE BEGINNING DATE	LEASE ENDING DATE	LEASE TERM	CARPORT NUMBER	STORAGE NUMBER	
RESIDENT PAYS	Water <input type="checkbox"/>	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Heating of Water <input type="checkbox"/>	
		Due	Paid	Due	Paid
Monthly Rent	\$ _____	\$ _____	Application Fee (non-refundable)	\$ _____	\$ _____
Monthly Pet Rent	\$ _____	\$ _____	Reservation Deposit	\$ _____	\$ _____
Monthly Carport Rent	\$ _____	\$ _____	Pet Deposit	\$ _____	\$ _____
*OMC Desc. _____	\$ _____	\$ _____	Non-Refundable Pet Fee	\$ _____	\$ _____
*OMC Desc. _____	\$ _____	\$ _____	Non-Refundable Administration Fee	\$ _____	\$ _____
*OMC Desc. _____	\$ _____	\$ _____	Other Fees/Deposits	\$ _____	\$ _____
Total Monthly Rent	\$ _____	\$ _____	Total Fees and Deposits	\$ _____	\$ _____
Special Instructions: _____					
* Other monthly charges					

Applicant has submitted the sum of \$ _____ as a Non-Refundable processing fee. This fee will be retained by Management to cover the cost of processing this application and is non-refundable whether Application is approved or rejected. Failure of applicant to meet Management's minimum rental requirements, or any false information provided in this application by Applicant, will result in rejection.

Applicant has also submitted the sum of \$ _____ as a Reservation Deposit, which will be refunded to Applicant, in full, if this application is rejected by Management, or if Applicant cancels this application, in writing, by the close of business on the third day following the date hereof. Upon execution of Management's standard Lease Agreement, the reservation fee shall be applied to the security deposit and any other deposits or fees required by that Lease Agreement. Following approval, if Applicant has not timely canceled this application, if Tenant refuses or fails to execute Management's standard Lease Agreement, or refuses to occupy the premises on the agreed upon date, this reservation fee will be retained by Management as liquidated damages to cover the costs incurred by Management as a result of Applicant's failure to occupy. No tenancy is created by this application. Applicant will become a tenant of the community only after execution of the Lease.

Applicant hereby represents that the statements provided above are true and complete. Applicant acknowledges that any false information provided herein shall be a basis for immediate rejection of the application by Management. Applicant hereby authorizes Management to contact all references, previous and present employers, previous and present landlords, and further authorizes Management to do a credit check on Applicant.

Applicant's Signature: _____ Date of Application: _____
 Leasing Consultant: _____ Date: _____
 Total Monies Accepted by Leasing Consultant: _____ Date: _____
 Application Approved By: _____ Date: _____
 Application Rejected By: _____ Reason: _____ Date: _____

AUTHORIZATION
FOR
INFORMATION
(Occupants 18 years or Older)

I hereby authorize **Uptown Apartments** to obtain a consumer report and any other information it deems necessary for the purpose of evaluating my qualification for occupancy. I understand that such information may include, but limited to, credit history, civil criminal information, records of arrest, rental history, employment/salary detail, vehicle records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with a rental, lease or occupancy of a residence for which this application is made. I hereby expressly release **Uptown Apartments**, and any other procurer or furnisher of such information, from liability what-so-ever I the use, procurement or furnishing of such information, and understand that my application information may be provided to various state, local and/or federal government agencies, including without limitation, various law enforcement agencies.

Applicant/Occupant _____ Date _____

Signature

Name:

Printed

Maiden Name _____

Social Security _____

Birth Date _____

MM/DD/YYYY

Driver's License

State: _____ Number: _____

Address (current) _____

Address (previous – if less than five years) _____

Uptown Apartments

Employment Verification Form

I _____, SS# _____
Have applied for an apartment. I hereby authorize the release of the following information.

Signature _____ Date _____

.....

Current Employer Information

Company _____

Position _____

Start Date _____

Gross Mo. Salary _____

Commission/Bonus _____

Authorized Personnel

Signature/Position Date

Phone Number _____

.....

Please fax back to: 734.495.9505

Thank You!!

Office Use Only

Faxed: _____	Received: _____	Agent: _____
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Uptown Apartments

RESIDENT RENTAL HISTORY REQUEST

Resident: _____ Landlord's Name: _____

Address: _____ Landlord's Telephone #: _____

.....

To complete my rental application at Uptown Apartments, I request the following information to be released to them with my permission.

Resident's Signature: _____

Please mark the following:

Current Resident _____ Past Resident _____

Lease Terms Move In Date _____ On a Lease _____ Month to Month _____
Lease Expiration Date _____
Other Names on Lease 1) _____
2) _____

Notification of Move Out Proper Notice given _____ No Notice given _____
Number of days required _____

Payment History Rent amount paid _____ Number of late charges _____
Number of NSF checks _____
Always on time _____ Occasionally Late _____
Delinquent Notice _____ Eviction Notice _____

Other Information Number of Occupants _____ Pets _____ If yes, what kind? _____
Noise complaints _____ If yes, how many? _____
Damages _____ Money owed at Move Out _____

Would Re-Rent? _____

Additional Comments

Information Provided by: _____ Date: _____

Please fax back to 734.495.9505
Thank You!

Office Use Only

Faxed: _____	Received: _____	Agent: _____
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Leasing Agent _____

Uptown Apartments

Credit/Debit Card Authorization Form

Customer Information:

- Unit Number _____
- Select Option:
 - Application Fee \$ _____
 - Security Deposit \$ _____
 - Pet Deposit/Non Refundable Pet Fee \$ _____ (indicate which one)
 - Pro-Rate \$ _____
 - First Months Rent \$ _____
 - Utility Conf. Dep. \$ _____

Credit Card Information:

- Card Type: Visa American Express Mastercard Discover
- Account No: _____ | _____ | _____ | _____ Exp. _____ | _____
- Cardholder's Name: _____ (As it appears on card, please)
- Card Billing Address: _____
 _____ (City)
 _____ (State), _____ (Zip Code)
- Phone No: () _____ | _____

.....
I authorize Uptown Apartments to charge the above credit card in the amount of:

\$ _____ . _____

Cardholder's Printed Name

Cardholder's Signature

Date

Office use only: Entered _____ Date _____ Accepted or Declined (circle one)