



WESTOWN JUBILEE HOUSING
724 WEST FULTON
GRAND RAPIDS MI 49504

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

There's no place like a home
Please Print

Address of Rental Premises: _____ Apt. # _____

How many bedrooms will you need?	Do you, or do you intend to have:	Motorcycles <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke <input type="checkbox"/> Yes <input type="checkbox"/> No
		Waterbeds <input type="checkbox"/> Yes <input type="checkbox"/> No	Pets <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant #1

Last Name: _____ First Name: _____ Mid Initial: _____

Social Security Number: _____ Driver's License: _____ Use Text? _____

Home Phone #: _____ Work Phone #: _____ Email: _____ Birthdate: _____

Present Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Dates you lived at this address: From _____ To _____ Were you evicted? _____

Landlord's Name: _____ Phone: _____

Previous Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

How long did you live at this address? _____ Were you evicted? _____

Previous Landlord's Name at this address: _____ Phone: _____

Current Employer: _____ How long employed? _____

Contact Person: _____ Phone: _____

Address of where you work: _____

City: _____ State: _____ Zip Code: _____

Gross Monthly Wages: \$ _____ You are paid: Weekly Bi-weekly Monthly

Other Monthly Income: _____ How much? \$ _____

Primary Bank: _____ Savings Checking

Credit References: 1) _____ Phone: _____

2) _____ Phone: _____

Nearest Relatives or Friends (for emergency purposes):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Applicant #2

Last Name: _____ First Name: _____ Mid Initial: _____

Social Security Number: _____ Driver's License: _____ Use Text? _____

Home Phone #: _____ Work Phone #: _____ Email: _____ Birthdate: _____

Present Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Dates you lived at this address: From _____ To _____ Were you evicted? _____

Landlord's Name: _____ Phone: _____

Previous Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

How long did you live at this address? _____ Were you evicted? _____

Previous Landlord's Name at this address: _____ Phone: _____

Current Employer: _____ How long employed? _____

Contact Person: _____ Phone: _____

Address of where you work: _____

City: _____ State: _____ Zip Code: _____

Gross Monthly Wages: \$ _____ You are paid: Weekly Bi-weekly Monthly

Other Monthly Income: _____ How much? \$ _____

Primary Bank: Savings Checking

Credit References: 1) _____ Phone: _____

2) _____ Phone: _____

Relationship to Applicant #1: _____

Names of Others Who Will Be Living with Applicant #1 & #2

1) Last Name: _____ First Name: _____ Mid Initial: _____

Social Security #: _____ Driver's License #: _____

2) Last Name: _____ First Name: _____ Mid Initial: _____

Social Security #: _____ Driver's License #: _____

3) Last Name: _____ First Name: _____ Mid Initial: _____

Social Security #: _____ Driver's License #: _____

The application fee is \$ _____ and is non-refundable. I hereby authorize the landlord to verify any and all information on this application, criminal report and/or on a credit report or decision report. I/We, the undersigned, authorize Rental Property Owner's Association (RPOA) to obtain resident screening information from Merchants Service Bureau/CBC Companies or other credit bureau, which MAY include credit history, rental history, criminal history, sexual offender history and terrorist information. This information may also be used for collection and garnishment purposes.

Signature of Applicant #1 _____ Date: _____ Time: _____

Signature of Applicant #2 _____ Date: _____ Time: _____