

Schramm's Superior Properties, LLC
Ridgeview, West Ridgeview Apartments & Westridge Heights Rental Application

P.O. Box 751, Marquette, MI 49855 Phone: (906) 225-1532

**Please fill out all requested information on the front and back of this form.
Thank you for your interest in our properties!**

Date of Application _____ Desired Date of Occupancy _____

APPLICANT'S FULL NAME _____ Date of Birth _____
Home # () _____ Work # () _____ Cell # () _____
Social Security No. _____ Driver's License No. /State _____
E-MAIL ADDRESS _____

FULL NAMES OF ALL OTHER RESIDENTS RELATIONSHIP DATE OF BIRTH

RESIDENCE HISTORY

PRESENT ADDRESS _____
Dates From: _____ To: _____ Monthly Payment \$ _____
Landlord or Mortgage Co. _____ Phone # _____
Reason for Moving _____

PREVIOUS ADDRESS _____
Dates From: _____ To: _____ Monthly Payment \$ _____
Landlord or Mortgage Co. _____ Phone # _____
Reason for Moving _____

If no rental history please provide a personal reference:

Name: _____ Relation: _____ Phone # _____

EMPLOYMENT INFORMATION

YOUR STATUS: Employed Full-Time Part-Time Student Retired Not Employed

CURRENT EMPLOYER/ DEGREE _____
Address _____ Phone () _____
Date(s) Employed/From _____ To _____ Position _____
Supervisor & Contact # _____ Monthly Salary\$ _____

If there are other sources of income that will be applied to your rent, please list source and person (Banker, Employer, etc.) You do NOT have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount\$ _____ Per _____ Source _____ Phone # _____

Amount\$ _____ Per _____ Source _____ Phone # _____

Comments: _____

VEHICLE INFORMATION

MAKE/MODEL _____ YEAR _____ COLOR _____ TAG #/STATE _____

OTHER CAR, MOTORCYCLE, ETC. _____

HAVE YOU **OR** CO-APPLICANT EVER (Please circle Yes or No):

Been sued for non-payment of rent?	Yes	No
Declared Bankruptcy?	Yes	No
Been evicted or asked to move out?	Yes	No
Broken a Rental Agreement or Lease?	Yes	No
Been sued for damage to rental property?	Yes	No

Reason: _____

Do you or the other occupants smoke? Yes No
Do you or other occupants own any pets? (Most units do not allow pets) Yes No
Kind of pet, breed, weight and age _____

How did you hear about this property? (Internet, Newspaper, friend, other)

IN CASE OF EMERGENCY, NOTIFY _____ RELATIONSHIP _____
ADDRESS _____ HOME # _____ WORK # _____

I HEARBY MAKE APPLICATION FOR AN APARTMENT AND CERTIFY THAT THIS INFORMATION IS CORRECT. I AUTHORIZE YOU TO CONTACT ANY REFERENCE THAT I HAVE LISTED. I ALSO AUTHORIZE YOU TO OBTAIN MY CONSUMER CREDIT REPORT FROM YOUR CREDIT REPORTING AGENCY, WHICH WILL APPEAR AS AN INQUIRY ON MY FILE. APARTMENT DEPOSIT IS ONLY REFUNDABLE WITHIN 24 HOURS OF RECEIVING.

PRINT FULL NAME: _____ / _____ / _____

SIGNATURE: _____ DATE: _____

MAIDEN NAMES OR PREVIOUS NAMES: _____

OFFICE USE ONLY

APPROVED: YES NO DATE:

COMMENTS: _____

APARTMENTS VIEWED: _____

APARTMENT CHOSEN: _____