



## WELCOME TO WESTERN PINES APARTMENTS

We thank you for your interest in our apartment community. Please read the following application process thoroughly. If you have any questions, feel free to give us a call.

The following forms should be completed and returned to us with a **\$20, non-refundable application fee**:

1. Rental Application – The information on this form is based on the Renter, the person who will reside in the apartment. All items should be filled out completely. Each person who will reside in the apartment must fill out an application.
2. Credit Information – This information is to be for your co-signer(s). The co-signer must fill out and sign this form. Please make sure all information is printed or typed for easy reading. All areas of this form must be completed in order to process the application.
3. Personal Guaranty Agreement – Your co-signer(s) shall also complete this form. All information must be complete in order to process the application. If the co-signer cannot be present to sign this form in the rental office, the signature **MUST** be validated by a notary public. A copy of each signatory's driver's license **MUST** be included with your application.

Please return the completed forms with your application fee to the address below. Make sure all questions are answered on each form. Failure to do so may void your application. Applications will be considered in the order they are received. Our application process consists of a credit report and checking references. You will be contacted about a time to sign the lease when these checks have been performed.

Please return your application packet to:

Western Pines Apartments  
3824-1 Pine Terrace Blvd.  
Kalamazoo, MI 49006  
(269)375-8018  
FAX: (269) 375-0138

3824 Pine Terrace Blvd., #1 ☎ Kalamazoo, MI 49006  
P 269.375.8018 ☎ F 269.375.0138

[www.westernpinesapartments.com](http://www.westernpinesapartments.com)

# Western Pines Apartments

3824-1 Pine Terrace Blvd.

Kalamazoo, MI 49006

(269)375-8018 FAX: (269) 375-0138

## APPLICATION FOR RESIDENCY

The undersigned hereby makes application for an apartment as indicated below:

To be completed by leasing representative:

Apt. Type \_\_\_\_\_ Unit # \_\_\_\_\_ Address \_\_\_\_\_ Tenant Move-in Date \_\_\_\_\_

Rent \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_ Need By: \_\_\_\_\_

Comments \_\_\_\_\_

Need carport? \_\_\_\_\_ Assigned # \_\_\_\_\_ Motorcycle? \_\_\_\_\_

Waterbed? \_\_\_\_\_ Musical Instruments? \_\_\_\_\_ Type \_\_\_\_\_

Drapes/Blinds? \_\_\_\_\_ (white backed drapes/blinds are required)

### PERSONAL INFORMATION

PLEASE PRINT

Full Name \_\_\_\_\_ Home Ph. (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE INIT. A/C

ALL PERSONS TO RESIDE IN APARTMENT:

FULL LEGAL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SEX	SOCIAL SECURITY NO.
	(SELF)			

### RESIDENCE HISTORY

PRESENT ADDRESS:

STREET \_\_\_\_\_ APT. # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMMUNITY NAME, LANDLORD

OR MORTGAGE HOLDER: \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_  
NAME CITY STATE A/C PHONE

MONTHLY PAYMENT \$ \_\_\_\_\_ LENGTH OF OCCUPANCY \_\_\_\_\_ / \_\_\_\_\_ LEASE EXPIRES: \_\_\_\_\_  
YRS MOS

REASON FOR  
MOVING \_\_\_\_\_

**PREVIOUS ADDRESS:**

\_\_\_\_\_ STREET \_\_\_\_\_ APT. # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
COMMUNITY NAME, LANDLORD OR MORTGAGE HOLDER: \_\_\_\_\_  
NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ / (\_\_\_\_\_) \_\_\_\_\_  
A/C PHONE \_\_\_\_\_  
LENGTH OF OCCUPANCY \_\_\_\_\_ / \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_  
YRS MOS \_\_\_\_\_  
HAVE YOU EVER BEEN EVICTED FROM AN APARTMENT? \_\_\_\_\_ WHERE? \_\_\_\_\_

**SOURCE OF INCOME**

APPLICANT EMPLOYED BY \_\_\_\_\_ HOW LONG? \_\_\_\_\_ / \_\_\_\_\_  
YRS MOS \_\_\_\_\_  
EMPLOYER'S ADDRESS \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
YOUR LOCAL BUSINESS ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ GROSS ANNUAL SALARY \$ \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
OTHER INCOME SOURCES \_\_\_\_\_ YEARLY INCOME \$ \_\_\_\_\_

**BANKING CREDIT**

BANK \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
CHECKING ACCOUNT NO. \_\_\_\_\_ SAVINGS ACCOUNT NO. \_\_\_\_\_  
BANK \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
CHECKING ACCOUNT NO. \_\_\_\_\_ SAVINGS ACCOUNT NO. \_\_\_\_\_  
CREDIT REFERENCE \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ MONTHLY PAYMENT \$ \_\_\_\_\_ BALANCE OWING \$ \_\_\_\_\_  
CREDIT REFERENCE \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ MONTHLY PAYMENT \$ \_\_\_\_\_ BALANCE OWING \$ \_\_\_\_\_

**OTHER INFORMATION**

AUTO MAKE	YEAR	COLOR	LICENSE NO.	STATE

APPLICANT DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

APPLICANT EMERGENCY CONTACT (NOT LIVING WITH YOU)

\_\_\_\_\_  
NAME ADDRESS ( ) PHONE

**APPLICANT'S CONSENT**

1. APPLICANT HEREBY AUTHORIZES MANAGEMENT OR ITS AGENT TO INVESTIGATE PAST HISTORY FOR THE PURPOSE OF DETERMINING APPROVAL OF THIS APPLICATION FOR RESIDENCY. THIS CONSENT INCLUDES ANY HISTORY OF RESIDENCY, EMPLOYMENT, CREDIT AND ANY OTHER REFERENCES THE MANAGEMENT DEEMS NECESSARY.
2. **SECURITY DEPOSIT CANNOT BE USED AS THE LAST MONTH'S RENT.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_





TO: \_\_\_\_\_  
\_\_\_\_\_

FAX #: \_\_\_\_\_

### Landlord Reference Request

Applicant (s): \_\_\_\_\_

Address: \_\_\_\_\_

Move-in: \_\_\_\_\_ Move-out: \_\_\_\_\_

1. What is/was the individual's rental rate? \$ \_\_\_\_\_
2. How many times was the individual late? \_\_\_\_\_
3. What is/ included in the rent? \_\_\_\_\_
4. How many names were/are on the lease? \_\_\_\_\_
5. Is/was there a co obligor? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Are there any complaints filed regarding residency? \_\_\_\_\_

Please explain:

7. What was/is the reason for move out?  
\_\_\_\_\_

8. Does the individual have a pet? YES \_\_\_\_\_ NO \_\_\_\_\_

9. Are there any outstanding balances owed? \_\_\_\_\_

10. Are there any damages to the apartment? \_\_\_\_\_

Please sign and fax back to the number above. THANK YOU!!

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

---

By my signature below, I authorize the release of information to be used for a landlord reference.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_