

RETURN TO: Stratford Group Ltd.
P.O. Box 517, Alpena, MI 49707
Telephone: 989-354-2424 TTD# 800-855-1155

Each adult applicant
must complete separate applications Date Rec'd: _____

– RENTAL APPLICATION –

1. Name: _____ Soc. Sec. # _____
Name of Co-Applicant: _____ Soc. Sec. # _____
2. Marital Status: Married _____ Unmarried _____ Separated _____
3. Name and City of Apartment Desired _____
Date Occupancy Desired: _____
Reason for moving: _____
4. Type of Unit Desired: 1 BR _____ 2 BR _____ 3 BR _____ Upstairs _____ Down _____
5. Is a Barrier Free Unit Needed? _____ Are you a student? _____
6. Are you qualified for a housing unit or adjustment to income available only to persons with handicaps or disabilities? _____
(verification of eligibility would be required)
7. Are you qualified for priority available to persons with handicaps or disabilities? _____
(verification of eligibility would be required)
8. Your Present Address: _____ City, State, Zip: _____
Home Telephone Number: _____ Do you Rent? _____ or Own? _____
How long at present address? _____ What is your monthly rent/mortgage payment? _____
Name of Present Landlord or Mortgage Company: _____ Telephone: _____
Landlord Address: _____ City, State, Zip: _____
9. Former Address: _____ City, State, Zip: _____
Did you Rent? _____ or Own? _____ How long had you been at former address? _____
What was your monthly rent payment? _____
Name of Former Landlord: _____ Telephone: _____
Landlord Address: _____ City, State, Zip: _____
10. Present Employer: _____ Telephone: _____
Address: _____ City, State, Zip: _____
Length of Employment? _____ Annual Income: \$ _____
11. Please list all other sources of income and amounts: _____

12. Names of ALL persons to occupy unit: _____ Age: _____ M/F _____ Date of Birth _____ Soc. Sec. # _____

13. Bank / Credit Union (see back for additional accounts):
Name: _____ Telephone: _____
Address: _____ City, State, Zip: _____
14. Personal Reference: (Not a Relative)
Name: _____ Telephone: _____
Address: _____ City, State, Zip: _____
15. Credit Reference:
Name: _____ Telephone: _____
Address: _____ City, State, Zip: _____



* Please note this is a preliminary application and gives no lease or rental rights. Additional information will be required at a later date to complete processing of residents. This application **must be completed in full and signed on back** in order to be processed. This application is valid for one year. All of the information contained in this application is treated confidentially. No information will be revealed to anyone without express written consent of the applicant. We reserve the right to a house inspection. **SORRY NO PETS.**



Rev. 8/03

13-a. Additional Bank / Credit Union:

Name: _____ Telephone: _____

Address: _____ City, State, Zip: _____

A. Are you a current illegal user of a controlled substance? _____

Do you have a previous conviction for use of a controlled substance? _____ Date of Conviction _____

B. Have you been convicted of the illegal manufacture or distribution of a controlled substance? _____

Date of Conviction _____

C. If you answered "Yes" to either #A or #B, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? _____ Date Completed _____

D. I/we certify that the rental unit which I/we occupy will be my/our permanent residence, and further certify that I/we do not maintain a separate subsidized rental unit in a different location.

E. I/we certify that the preceding information is accurate and complete and I/we acknowledge that inaccuracies and/or omissions may be the basis of immediate cancellation of my/our application by Stratford Group Ltd. Stratford Group Ltd. has the right to investigate and verify my credit, employment and income records and to order a credit report on myself/ourselves from the local credit bureau. Stratford Group Ltd. has the right to investigate and request written references of my present and past landlord references. Stratford Group Ltd. has the right to obtain a criminal background report.

Signature of Applicant _____ Date _____

Signature of Guardian or Payee if Applicable _____ Date _____

Print name and address: _____

Signature of Co-Applicant _____ Date _____

	HISPANIC	NON-HISPANIC				MALE/FEMALE (M or F)
Applicant	_____	_____	_____	_____	_____	_____
	Am. Indian/ Alaskan Native	Asian	Black	Native Hawaiian	White	Male/Female (M or F)
Applicant	_____	_____	_____	_____	_____	_____

PLEASE COMPLETE BOTH SECTIONS ABOVE FOR APPLICANT.

For information requested in the preliminary application relating to sex, age, national origin, FmHA regulations require us to provide the following statement:

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE		
REFERENCE VERIFICATION	REMARKS	RECORD OF ADVANCE DEPOSITS RECEIVED
<input type="checkbox"/> PRESENT LANDLORD		DATE DESCRIPTION AMOUNT
<input type="checkbox"/> PREVIOUS LANDLORD		
<input type="checkbox"/> EMPLOYMENT		
<input type="checkbox"/> CO-APPLICANT EMPLOYMENT		
<input type="checkbox"/> BANK		
<input type="checkbox"/> CREDIT (1)		
<input type="checkbox"/> CREDIT (2)		
<input type="checkbox"/> CREDIT (3)		
<input type="checkbox"/> CREDIT BUREAU REPORT		
<input type="checkbox"/> PERSONAL		
		THIS APPLICATION
		<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
		DATE _____ BY _____
		ASSIGNED TO APARTMENT NO. _____
		APARTMENT ADDRESS _____
		MOVE-IN DATE _____