RETURN TO: Stratford Group Ltd.

P.O. Box 517, Alpena, MI 49707

Telephone: 989-354-2424 TTD# 800-855-1155

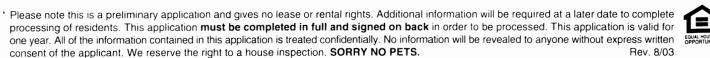
Each adult applicant must complete separate applications

Date Rec'd:		

- RENTAL APPLICATION -

1. Name:			Soc. Sec. #	
Name of Co-Applicant:			Soc. Sec. #	
2. Marital Status: Married	Unmarried	Separ	ated	
3. Name and City of Apartment Desire	ed			
Date Occupancy Desired:				
Reason for moving:				
4. Type of Unit Desired: 1 BR			Upstairs_	Down
5. Is a Barrier Free Unit Needed?				
Are you qualified for a housing unit (verification of eligibility would be re		e available only to	o persons with handi	caps or disabilities?
Are you qualified for priority availab (verification of eligibility would be re		icaps or disabilitie	es?	
8. Your Present Address:			City, State, Zip:	
Home Telephone Number:			_ Do you Rent?	or Own?
How long at present address?	W	hat is your month	ly rent/mortgage pay	ment?
Name of Present Landlord or Mortg				
Landlord Address:				
9. Former Address:				
Did you Rent? or O		w long had you b	een at former addres	ss?
What was your monthly rent payme				
Name of Former Landlord:				
Landlord Address:				
0. Present Employer:			_ Telephone:	
Address:				
Length of Employment?			_ Annual Income: \$	
1. Please list all other sources of incon	ne and amounts:			
2. Names of ALL persons to occupy ur	nit:	Age: M/F	Date of Birth	Soc. Sec. #
3.Bank / Credit Union (see back for ac	Iditional accounts):			
Name:			Telephone:	
Address:			City, State, Zip:	
4.Personal Reference: (Not a Relative)			
Name:			Telephone:	
Address:			City, State, Zip:	
5. Credit Reference:				
Name:			Telephone:	
Address:			City State Zip:	







13-a. Additional	Bank / Credit Union:				
Name:				Telephone:	
		City, State, Zip			
A. Are you a cu	rrent illegal user of a c	ontrolled substa	unce?		
Do you have	a previous conviction	for use of a con	trolled substance?	Date of Conviction	
B. Have you be		_	e or distribution of a con	trolled substance?	
				d a controlled substance abuse recovery progranDate Completed	
D. I/we certify the maintain a se	hat the rental unit wh eparate subsidized ren	ich I/we occupy tal unit in a diffe	will be my/our permar rent location.	nent residence, and further certify that I/we do	
may be the b investigate a local credit b landlord refer	pasis of immediate can and verify my credit, er pureau. Stratford Grou rences. Stratford Grou	cellation of my/omployment and but to Ltd. has the rip Ltd. has the ri	our application by Stratf income records and to ight to investigate and ght to obtain a criminal		
Signature of App	licant			Date	
Signature of Gua	ardian or Payee if Appli	cable		Date	
Print name and a	address:				
Signature of Co-A	Applicant			Date	
Applicant	HISPANIC		NON-HISPANIC	MALE/FEMALE (M or F)	
Applicant	Am. Indian/ Alaskan Native	Asian Black	Native White Hawaiian	Male/Female (M or F)	
	TE BOTH SECTIONS A			gin, FmHA regulations require us to provide the follow	

"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				
☐ PRESENT LANDLORD			DATE DESCRIPTION AM		AMOUNT		
☐ PREVIOUS LANDLORD							
☐ EMPLOYMENT							
☐ CO-APPLICANT EMPLOYMENT							
☐ BANK			THIS APPLICATION ☐ APPROVED ☐ NOT APPROVED				
☐ CREDIT (1)							
☐ CREDIT (2)		DATE			BY		
☐ CREDIT (3)		ASSIG	SNED TO A	PARTMENT N	10.		
☐ CREDIT BUREAU REPORT		APAR	TMENT AD	DRESS			
☐ PERSONAL		MOVE	-IN DATE				
		— MOVE	-IN DATE				