

# BRIARLANE APARTMENTS RENTAL APPLICATION

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DATE: \_\_\_\_\_ ANY OCCUPANT OVER 18 MUST COMPLETE APPLICATION

APARTMENT NUMBER	UNIT TYPE	REQUESTED MOVE IN DATE	LEASE TERM	RENTAL RATE	SPECIAL
APPLICANT #1 NAME - FIRST		MIDDLE	LAST		EMAIL ADDRESS
SOCIAL SECURITY #		DATE OF BIRTH	DRIVER LICENSE #/STATE		CELL PHONE NUMBER
APPLICANT #2 NAME - FIRST		MIDDLE	LAST		EMAIL ADDRESS
SOCIAL SECURITY #		DATE OF BIRTH	DRIVER LICENSE #/STATE		CELL PHONE NUMBER

OTHER OCCUPANTS (NAMES OF ALL PERSONS UNDER THE AGE OF 18)

NAME	SOCIAL SECURITY #	DATE OF BIRTH	SEX	RELATIONSHIP
NAME	SOCIAL SECURITY #	DATE OF BIRTH	SEX	RELATIONSHIP
NAME	SOCIAL SECURITY #	DATE OF BIRTH	SEX	RELATIONSHIP
NAME	SOCIAL SECURITY #	DATE OF BIRTH	SEX	RELATIONSHIP

**APPLICANT #1 RESIDENCE**

PRESENT ADDRESS - RENT ___ OWN ___			FROM	TO	FOR OFFICE USE ONLY APPLICATION FEE: \$ _____
CITY	STATE	ZIP	PHONE NUMBER		
NAME OF LANDLORD AND/OR OFFICE			RENT AMOUNT	PHONE NUMBER	DEPOSIT RECEIVED: \$ _____
PREVIOUS ADDRESS (IF WITHIN 3 YEARS) RENT ___ OWN ___			FROM	TO	PHOTO ID CHECKED _____
CITY	STATE	ZIP	PHONE NUMBER		
NAME OF LANDLORD AND/OR OFFICE			RENT AMOUNT	PHONE NUMBER	DATE AND INITIALS _____

APPLICANT #1 STATUS: ( ) EMPLOYED FT ( ) EMPLOYED PT ( ) STUDENT ( ) RETIRED ( ) NOT EMPLOYED

EMPLOYER	POSITION	MONTHLY INCOME	FROM	TO	MANAGER'S REVIEW  ____ APPROVED ____ NOT APPROVED
BUSINESS ADDRESS	CITY	STATE	SUPERVISOR		
PREVIOUS EMPLOYER (IF WITHIN 12 MONTHS)			FROM	TO	DATE AND INITIALS _____
BUSINESS ADDRESS	CITY	STATE	SUPERVISOR		
INCOME SOURCE OTHER THAN EMPLOYMENT			PHONE # AND CONTACT TO VERIFY		AMOUNTS
					REASON: _____

**APPLICANT #2 RESIDENCE (IF DIFFERENT FROM APPLICANT #1)**

PRESENT ADDRESS - RENT ___ OWN ___			FROM	TO	RESIDENT NOTIFIED  DATE _____
CITY	STATE	ZIP	PHONE NUMBER		
NAME OF LANDLORD AND/OR OFFICE			RENT AMOUNT	PHONE NUMBER	SPOKE WITH: _____
PREVIOUS ADDRESS (IF WITHIN 3 YEARS) RENT ___ OWN ___			FROM	TO	
CITY	STATE	ZIP	PHONE NUMBER		
NAME OF LANDLORD AND/OR OFFICE			RENT AMOUNT	PHONE NUMBER	

APPLICANT #2 STATUS: ( ) EMPLOYED FT ( ) EMPLOYED PT ( ) STUDENT ( ) RETIRED ( ) NOT EMPLOYED

EMPLOYER	POSITION	INCOME	FROM	TO
BUSINESS ADDRESS	CITY	STATE	SUPERVISOR	
PREVIOUS EMPLOYER (IF WITHIN 12 MONTHS)			FROM	TO
BUSINESS ADDRESS	CITY	STATE	SUPERVISOR	
INCOME SOURCE OTHER THAN EMPLOYMENT			CONTACT AND PHONE # TO VERIFY	
			AMOUNTS	

