



# Port Huron Area LANDLORD ASSOCIATION

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## ***Confidential Application for Lease or Rent***

The undersigned applicants hereby apply to lease or rent your property. We warrant the accuracy of the information provided. Applicant hereby authorizes a check of his or her references and credit including the use of a credit reporting service.

1. Applicant's Full Name \_\_\_\_\_  
*First Middle Last Phone DOB*

2. Co-Applicant's Full Name \_\_\_\_\_  
*First Middle Last Phone DOB*

3. Present Address \_\_\_\_\_

4. Applicant's Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

5. Co-Applicant's Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

6. Present Landlord \_\_\_\_\_  
*Name Address Phone*

7. Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

8. Previous Address \_\_\_\_\_  
*Number Street City State Length of Stay*

9. Previous Landlord \_\_\_\_\_  
*Name Address Phone*

10. Reason for Leaving \_\_\_\_\_

11. Have eviction proceeding ever been filed against you?  Yes  No

Explain \_\_\_\_\_

12. List any children or other occupants of premises

| <i>Name</i> | <i>Age</i> | <i>Relationship</i> |
|-------------|------------|---------------------|
|             |            |                     |
|             |            |                     |
|             |            |                     |
|             |            |                     |

Total number of occupants including applicant \_\_\_\_\_

List all pets \_\_\_\_\_

13. List automobiles of all occupants

| <i>Make &amp; Model</i> | <i>Year</i> | <i>Color</i> | <i>License No.</i> |
|-------------------------|-------------|--------------|--------------------|
|                         |             |              |                    |
|                         |             |              |                    |
|                         |             |              |                    |
|                         |             |              |                    |

14. List your current employment first and then previous employment

| <i>Employer</i> | <i>Address</i> | <i>Phone</i> | <i>How Long</i> |
|-----------------|----------------|--------------|-----------------|
|                 |                |              |                 |
|                 |                |              |                 |
|                 |                |              |                 |
|                 |                |              |                 |

15. List your total income

| <i>Person</i> | <i>Salary/Wage</i> | <i>Other Income</i> | <i>Source of Income</i> |
|---------------|--------------------|---------------------|-------------------------|
|               |                    |                     |                         |
|               |                    |                     |                         |
|               |                    |                     |                         |

16. In case of Emergency Contact: \_\_\_\_\_  
 \_\_\_\_\_

17. Please list three family or local personal references

| <i>Name</i> | <i>Address</i> | <i>Phone</i> |
|-------------|----------------|--------------|
|             |                |              |
|             |                |              |
|             |                |              |

*The undersigned attests to the accuracy of the information contained herein.*

Date \_\_\_\_\_ Applicant \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Note: Those who use this form must review it to insure that each section is appropriate. PHALA makes no warranties as to the legality of this form and is not responsible for any use or misuse of this form or any damages incurred through the use of this form.