

RENTAL APPLICATION

Return to:
MICHIGAN DEPARTMENT OF TRANSPORTATION
Real Estate Support Area
P.O. Box 30050
Lansing, Michigan 48909

Property Address: _____

PERSONAL INFORMATION (Occupant #1)

Name	Driver's License #	
Current address (Street, City, State, Zip Code)	Home Phone #	Work Phone#

EMPLOYMENT (Occupant #1)

Present Employer	Supervisor's Name	Telephone #	Business Address
Position Held	Dates Employed	Monthly Salary	Other Income
Previous Employer	Supervisor's Name	Telephone #	Business Address
Position Held	Dates Employed	Monthly Salary	Other Income

FORMER LANDLORDS (Occupant #1)

Present Landlord	Address	Phone#	When Rented	Monthly Rent
Former Landlord	Address	Phone#	When Rented	Monthly Rent

CREDIT REFERENCE (Occupant #1) No Credit Cards

Bank Name	Address	Phone#	Checking Acct.#	Savings Acct#
Other	Address	Phone#	Account #	Account #

PERSONAL REFERENCES (Occupant #1)

Personal Reference	Address	Phone#	Relationship
Personal Reference	Address	Phone#	Relationship
Relative in Emergency	Address	Phone#	Relationship
Other	Address	Phone#	Relationship

PERSONAL INFORMATION (Occupant #2)

Name	Driver's License No.	
Current address (Street, City, State, Zip Code)	Home Phone	Work Phone

EMPLOYMENT (Occupant #2)

Present Employer	Supervisor's Name	Phone	Business Address
Position Held	Dates Employed	Monthly Salary	Other Income
Previous Employer	Supervisor's Name	Phone	Business Address
Position Held	Dates Employed	Monthly Salary	Other Income

FORMER LANDLORDS (Occupant #2)

Present Landlord	Address	Phone	When Rented	Monthly Rent
Former Landlord	Address	Phone	When Rented	Monthly Rent

CREDIT REFERENCES (Occupant #2) No credit cards

Bank Name	Address	Phone	Checking Acct.#	Savings Acct #
Other	Address	Phone	Account #	Account #

PERSONAL REFERENCES (Occupant #2)

Personal Reference	Address	Phone	Relationship
Personal Reference	Address	Phone	Relationship
Personal Reference	Address	Phone	Relationship
Personal Reference	Address	Phone	Relationship

OCCUPANTS: Other occupants (List ALL - including children)

Name	Relationship
Name	Relationship
Name	Relationship

PETS:

Type of Pet	Number
Type of Pet	Number

The undersigned certifies that the above statements are true and complete.

Signature	Date		
Control Section	Parcel	Tract	Job Number