

ROSS REALTY
info@MSUCribs.com
Ph. 313-515-5505 Fax 248-477-1219

Name _____ Phone# _____ Grad Date: _____ / _____

Driver's Lic #: _____ SS # _____ Student ID # _____

Present Address: _____

Date at this address: _____ Reason for moving: _____

Landlord's name: _____ Landlords #: _____

Parents' Address: _____ City: _____ State: _____ ZIP: _____

Parents Phone #: _____ Cell#: _____ Your Cell# _____

Person to contact in case of Emergency: _____

Emergency Phone # _____

Where can you be contacted this summer Phone#: _____ Address: _____

Your e-mail address: _____

Employed By: _____ Address: _____

Employer's Phone# _____ Position: _____

How long employed: _____ Weekly Income: _____

Personal References: List two NON-student reference.

NAME: _____

PHONE# _____

NAME: _____

PHONE# _____

We Collect Rent on a Monthly Basis. Is This a Problem? YES _____ NO _____ If so why?

How Will Your Rent be Financed? Please estimate by percentages:

You: [JOB] _____ Loans: _____ Parents: _____ Scholarship: _____ Other: _____

WE REQUIRE THAT YOUR PARENTS CO-SIGN A SURETY AGREEMENT GUARANTEEING YOU RENT, WILL THIS BE A PROBLEM? YES: _____ NO: _____ IF YES, PLEASE EXPLAIN WHY? _____

Use the back of this application if you need more space for any explanation. I authorize the Lessor to investigate my credit and rental history to the extent allowed by law, and to obtain information from Consumer Reporting Agencies or other sources. I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge. If approved to rent, a lease must be signed within ten days of approval. There is a \$100 application that will be collected when the first month's rent is paid; immediately after the signing of the lease.

Applicant: _____ Date: _____