



**Harwood Properties, Inc. - Woodfield Terrace Apts.**

453 W. Three Mile Road

Phone: 906/632-9047

Sault Ste. Marie, MI 49783

Fax: 906/632-8272

office@harwoodproperties.net

**Rental Application: Please Print Clearly**

**Applicant:**

Legal Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

Have you ever been evicted?  no  yes - \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long at this address: \_\_\_\_\_

City: \_\_\_\_\_

Landlord: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Length of time with this employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Current Monthly Gross Income: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Have you ever filed for bankruptcy?  no  yes / Been convicted of a crime?  no  yes If yes, describe: \_\_\_\_\_

**Co-Applicant:**

Legal Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

Have you ever been evicted?  no  yes - \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long at this address: \_\_\_\_\_

City: \_\_\_\_\_

Landlord: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

# Harwood's

Current Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Length of time with this employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Current Monthly Gross Income: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Have you ever filed for bankruptcy?  no  yes / Been convicted of a crime?  no  yes If yes, describe:

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Please List Other Occupants:

<u>Name</u>	<u>Date of Birth</u>	<u>Name</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

Do any of the occupants smoke?  Yes  No

Describe Any Pets: \_\_\_\_\_

*Note: dogs must be no more than 40 lbs. Cats and dogs must be spayed/neutered. Ask about pet fees.*

**The applicant understands that the lessor will review this application and notify the applicant if it is accepted or declined. If the application is not approved, any deposit given to the lessor will be returned. The applicant further understands that any deposit given to lessor will not be refunded if the applicant elects not to lease the premises after acceptance of application.**

**I declare that the statements above are true and correct, and I hereby authorize verification of references given, employment, and a credit check.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applying for:  1 Bedroom

2 Bedroom

Garage

<i>Office Use Only:</i>	
Application Status:	
Unit Assigned:	
Date of Occupancy:	
SD Paid:	
Lease Needed:	
Additional Notes:	