

Leasing Office: 521 Cherokee St, Apt 108 Kalamazoo, MI 49006-2839

Office Phone: (269) 349-4596 Office Hours: M-F 8:30 am to 4:30 pm Email: cherokee522314@yahoo.com www.CherokeeWestlawnApartments.com

APPLICATION TO LEASE

Thank you for your interest in Cherokee Westlawn Apartments! We are a privately owned apartment community structured for the active and independent senior, age 55 and over. Age and income determine your eligibility. When applying, you will be asked for information about your personal history and be required to provide documentation of income sources. Once approved, and when a unit is available, you can reserve your apartment by completing the lease agreement and paying the required fees based on your selection.

Personal History/Information Required for application:

- Driver's License, State ID, and/or Social Security Card
- Landlord References, Credit References, Verification of Income
- Landlord Background Check which includes: National Criminal Background Report, Full Credit Report, National Eviction Related Report

All applicants must provide proper verification of income. Please submit documentation with application.

- Acceptable Supporting Documents Include:
 - Recent Paystubs.
 - W2s or other wage statements.
 - Bank statements demonstrating regular income.

Cherokee Westlawn Apartments Premises is a domestic cat only pet friendly community (no other animal, bird, or fish). A policy of two-cat maximum per apartment.

Pet Policy Fees are as follows:

- a. \$200 Security Deposit for the first cat.
- b. \$100 any additional cat.
- c. No monthly charge per cat.

Upon submission of application, please include your payment for the following:

- Non-Refundable Application Fees: \$25.00, plus \$45.00 Background Check (per applicant)
 - \$70.00 for one applicant
 - \$115.00 for two applicants

PERSONAL CHECKS & CASH ARE NOT ACCEPTED because we will begin the qualification process immediately.

Payment can be Cashier's Check or Money Order payable to Cherokee Westlawn Apartments.

APPLICANT

Legal Name:					
	First	Middle	Last		
Driver's License Number:				State:	
ocial Security Number:			_ Date of Birth:		
	Street & Apt # none or 🛛 Landline <u>(</u>	City)		State	Zip
Applicant Vehicle Informa					
	Make/Model:		Color:		Plate:
Applicant Employment His	ston				
	:		Job Tit	tle:	
Supervisor's Name	2:		Phone: ()	
Period Employed I	From:to	o	Gross Annual S	Salary \$	
Former Employer:			Job Tit	tle:	
		_	Gross Annual S	Salary \$	
	Other Source of Income			-	
Retired?		:			
Retired?	Other Source of Income:	:			
Retired?	Other Source of Income:	:	Relation:		
Retired?	Other Source of Income:	:	Relation:		
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CO-APPLICANT

Legal Name:						<u> </u>
	First	Middle	Last	t		
Driver's License Number:				State	:	
Social Security Number: _			Date of Birth:			
Present Address:						
	Street & Apt #		City	State		Zip
Phone Number D Cell Pl						_
Email Address:						_
Co-Applicant Vehicle Info						
Year:	Make/Model:		Color:		_ Plate:_	
Co-Applicant Employmen	t History					
Present Employer	:		Job	Title:		
Supervisor's Name	e:		Phone: ()		
Period Employed	From:	_to	Gross Annua	al Salary \$ _		
			dol	Title:		
Former Employer:						
Period Employed	From:			-		
Period Employed Retired?	From: Other Source of Incon	ne:				-
Period Employed Retired?	From: Other Source of Incom	ne:	Relation:			-
Period Employed Retired?	From: Other Source of Incon	ne:	Relation:			-
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Period Employed Retired? Yes No Emergency Contacts 5. Name: Phone: (6. Name: Phone: (Last TWO Places of Reside 7. Apartment/Co Manager 1 8. Apartment/Co	From: Other Source of Incon)) ence: pmmunity Name: Name: pmmunity Name:	ne:	Relation: Relation: Phone: <u>(</u>)		
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Period Employed Retired? Yes No Emergency Contacts 5. Name: Phone: (From: Other Source of Incon 	ne:	Relation: Relation: Phone: <u>(</u> Phone: <u>(</u>			
Period Employed Retired? □ Yes □ No Emergency Contacts 5. Name: Phone: (From: Other Source of Incon 	ne:	Relation: Relation: Phone: (Phone: (-

OCCUPANTS

Will Applicant and Co-Applicant be residing in the apartment together?

Yes
No

Other than the above applicant(s), list other persons who will occupy the apartment:

Name:	DOB:	Relation:	
Name:	DOB:	Relation:	
Do you have any pets? Yes No			

If yes, what type of pets?

Please initial that you understand that your tenancy can be terminated, and you can be evicted, if you keep pets on the premises without the permission of the Landlord.

Applicant Initials: _____ Co-Applicant Initials: _____

CONFIRMATIONS & AUTHORIZATIONS

I/We hereby certify that the answers to the following questions are true, accurate, and complete. It is understood that any misrepresentations, untruths, and/or omissions made by applicant(s) in answering the questions contained herein shall be grounds for denying this application or terminating the tenancy.

Has any applicant, co-applicant, or named occupant:

- 1. Ever been evicted from any premises for any reason? \Box Yes \Box No
- 2. Ever prematurely broken a lease?
 Yes
 No
- 3. Any Civil Judgments outstanding against you as a result of your rental of any premises? Yes No
- 4. Have any pending criminal charges? □ Yes □ No

- 7. Have any liability charges against you?
 Yes No

If yes to any of the above, please explain: ____

I/We, the undersigned, hereby authorize Cherokee Westlawn Apartments, LLC, Landlord and its agents to obtain a background check including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search, and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. The investigation is for tenant screening purposes only and is strictly confidential. These reports contain information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I/We hold Cherokee Westlawn Apartments, LLC, Landlord and its agents free and harmless for any damages or losses that may occur as a result of the improper or inaccurate information provided.

For more information about your rights under the Fair Credit Reporting Act visit: URL LINK: <u>https://www.ftc.gov/legal-library/browse/statutes/fair-credit-reporting-act</u>

For more information about your rights under the Fair Housing Act visit: URL LINK: <u>https://www.michigan.gov/mshda/fairhousing</u>

Applicant Signature:	Date:
Co-Applicant Signature:	Date:
Date of Application Submission:	Received By:

