

**Mutual Property Management, LLC**  
33004 Grand River Avenue, Farmington, MI 48336  
Ph: 248-474-6464 ext 307 E-Fax: 248-850-2294  
Email Applications to: [amy@themutualteam.com](mailto:amy@themutualteam.com)

### **Lease Submission Checklist and Lease Application**

The following required documentation **MUST** be submitted in order to process your application.

- Rental Application (**\*Begins on the next page\***)
- Non-Refundable Application Fee: **\$50.00**
- If currently renting, you **MUST** provide **proof of rental payments** for the last 12 months, as well as your **current landlord's name and phone number**. (Examples include canceled checks, bank statements, money orders, etc.)
- Paystubs for one month
- W2 for last year
- Full Tax Returns (**If self employed**)
- One Month of Bank / Investment Account Statement(s) (**ALL PAGES NECESSARY**)
- Copy of Driver's License(s) or Government Issued Photo ID
- Copy of Current Utility bill(s)
- Proof of Government Assistance – Section 8/SSI / FIA (**If applicable**)
- Explanation letter for special circumstances
- Please do **not** submit a credit report with your application. We will secure a copy of your credit report to be used with your application.
- Please note: if approved, a \$10.00/month tenant management fee will be due each month, in addition to your monthly rental amount, beginning when you move into the property.

**LEASE APPLICATION**

**LEASE TERMS**

**Subject Property Address** (street, city, state & ZIP):  
\_\_\_\_\_

Monthly Rent Amount for Subject Property  
\$ \_\_\_\_\_

Length of Lease  
1 yr   2 yr   3 yr  
Other \_\_\_\_\_ (Please state length of lease)

Requested Move-in Date  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<b>Applicant</b>		<b>Co-Applicant</b>	
Name		Name	
Social Security Number	D/O/B (mm/dd/yyyy)	Social Security Number	D/O/B (mm/dd/yyyy)
Cell Phone (incl. area code)	Work Phone (incl. area code)	Cell Phone (incl. area code)	Work Phone (incl. area code)
Email		Email	
Current Address (street)	<b>OWN / RENT</b> Number of Years _____ Monthly \$ _____	Current Address (street)	<b>OWN / RENT</b> Number of Years _____ Monthly \$ _____
(City, State & ZIP)		(City, State & ZIP)	
Reason for Moving		Reason for Moving	

<b>CURRENT LANDLORD NAME &amp; NUMBER</b>	<b>CURRENT LANDLORD NAME &amp; NUMBER</b>

**IF RESIDING AT CURRENT ADDRESS FOR LESS THAN TWO YEARS, YOU MUST COMPLETE THE FOLLOWING:**

Former Address (street)	<b>OWN / RENT</b> Number of Years _____ Monthly \$ _____	Former Address (street)	<b>OWN / RENT</b> Number of Years _____ Monthly \$ _____
City, State & ZIP		City, State & ZIP	
Former Landlord Name & Number		Former Landlord Name & Number	

**\*\*\*DO NOT WRITE BELOW THIS LINE! CONTINUE ONTO THE NEXT PAGE!\*\*\***

Proof of Income Received	<b>YES NO</b>	MPM Agent _____	Showing Agent _____
Verified Employment	<b>YES NO</b>	Owner _____	Company _____
Rental History Confirmed	<b>YES NO</b>	Market Rent \$ _____	Phone # (_____) _____ - _____
Approved	Denied By _____	Notes _____	

<b>EMPLOYMENT INFORMATION</b>			
<b>Applicant</b>		<b>Co-Applicant</b>	
Name & Address of Employer	Dates Employed	Name and Address of Employer	Dates Employed
	Monthly Income		Monthly Income
	Self Employed <b>YES / NO</b>		Self Employed <b>YES / NO</b>
Position/Title/Type of Business		Position/Title/Type of Business	
Name of Supervisor or HR Contact	Contact Number	Name of Supervisor or HR Contact	Contact Number
<b><i>IF EMPLOYED IN CURRENT POSITION FOR LESS THAN TWO YEARS OR IF CURRENTLY EMPLOYED IN MORE THAN ONE POSITION, PLEASE COMPLETE THE FOLLOWING:</i></b>			
Name & Address of Employer	Dates Employed	Name and Address of Employer	Dates Employed
	Monthly Income		Monthly Income
	Self Employed <b>YES / NO</b>		Self Employed <b>YES / NO</b>
Position/Title/Type of Business	Business Phone	Position/Title/Type of Business	Business Phone
Name of Supervisor or HR Contact	Contact Number	Name of Supervisor or HR Contact	Contact Number
<b>Applicant</b>	<b>ADDITIONAL INCOME</b>		<b>Co-Applicant</b>
Government Assistance Program (Section 8 / FIA)	Government Assistant Program (Section 8 / FIA)		
Alimony / Child Support	Alimony / Child Support		
SSI / Disability	SSI / Disability		

<b>ASSETS</b>					
<b>(COMPLETE STATEMENT(S) REQUIRED)</b>					
<b>Applicant</b>			<b>Co-Applicant</b>		
Name of Bank/Credit Union or Investment Company			Name of Bank/Credit Union or Investment Company		
Account Number	Current Balance \$		Account Number	Current Balance \$	
Name of Bank/Credit Union or Investment Company			Name of Bank/Credit Union or Investment Company		
Account Number	Current Balance \$		Account Number	Current Balance \$	
<b>Applicant</b>		<b>DECLARATIONS</b>		<b>Co-Applicant</b>	
Have you been convicted of a felony? (Please explain)	Y	N	Have you been convicted of a felony? (Please explain)	Y	N
Have you ever broken a lease or been evicted? (Please explain)	Y	N	Have you ever broken a lease or been evicted? (Please explain)	Y	N
<b>Do you pay Alimony or Child Support?</b> <b>(If yes, provide a copy of the Court Order)</b>	Y	N	<b>Do you pay Alimony or Child Support?</b> <b>(If yes, provide a copy of the Court Order)</b>	Y	N
<b>How much per month? \$ _____</b>			<b>How much per month? \$ _____</b>		
<b>OCCUPANT INFORMATION</b>					
Name _____		Name _____			
Name _____		Name _____			
Name _____		Name _____			
Name _____		Name _____			
Name _____		Name _____			
<b>PETS</b>					
(Please list Type, Breed, Sex, Approximate Weight & Age)					

## RENTAL APPLICATION PAYMENT

\_\_\_ Cash      \_\_\_ Money Order      \_\_\_ Credit/Debit Card      Received By: \_\_\_\_\_

Credit Card (circle one)      VISA      MasterCard      Discover      American Express

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount: \$50.00      Name Exactly as it Appears on Card: \_\_\_\_\_

Billing address(Street/City/State & ZIP): \_\_\_\_\_

As the credit/debit card holder, I authorize Mutual Property Management, LLC, to charge my card for the amount indicated above.

X \_\_\_\_\_      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ACKNOWLEDGEMENT AND AGREEMENT

By signing below I/We certify that the answers given herein are true and complete to the best of my/our knowledge. I/We authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at an application decision. I/We consent for a credit report to be ordered and reviewed. I/We understand that the landlord may terminate any rental agreement entered into for any misrepresentation made above. I/We further agree to provide Mutual Property Management any and all information and documentation upon request. Such information includes: Employment history and verification, prior rental history and verification, and a complete background check, including criminal convictions and previous evictions. I/We understand that if approved, a \$10.00/month tenant management fee will be due each month, in addition to my monthly rental amount, beginning with my initial move into the property.

I/We understand that payment of a property holding deposit shall result in Mutual Property Management not accepting any other tenant(s) for rental of this property up to the start of my/our lease. I/We understand that this deposit will become my security deposit when I/We move in. I/We also understand and agree that if I/We decide not to move in for any reason, the holding deposit will be forfeited and is non-refundable.

Applicant Signature	Date	Co-Applicant Signature	Date
X _____	__/__/__	X _____	__/__/__

Applicant: \_\_\_\_\_  
(Please print)

Co-Applicant: \_\_\_\_\_  
(Please Print)