



Send to: CWD Real Estate Investment - ccarson@cwdrealestate.com  
 Phone: 616-588-7129 Fax: 616.726.5222

APPLICATION FOR RESIDENCY AND AGREEMENT TO LEASE

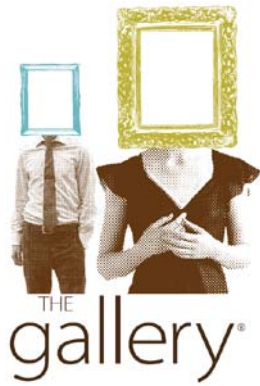
Application Information: PLEASE NOTE CREDIT REPORTS, BACKGROUND CHECKS, VERIFIABLE INCOME & LANDLORD REFERENCES ARE REQUIRED			
Name:		Date of Birth	Social Security Number:
Co Applicant and/or spouse name (if applicable)		Date of Birth	Social Security Number:
Email Address(es):			
Home Telephone Number: ( )			
Please list all others who will be living with you			
Full name		Age:	
Full Name		Age:	
Current Address:			
Street Number/Name	Apt Number	City/State/Zip	Lived There Since
Landlord: ( )			
Name of Landlord		landlord Phone Number	
Present Employer:		Telephone Number: ( )	Ext:
Address:		Supervisor:	
Position:	Employed Since:	Monthly Income:	
Previous Employer:		Telephone Number: ( )	Ext:
Address:		Supervisor:	
Position:	Responsibilities:		
Co-applicant Current Employer:		Telephone Number: ( )	Ext:
Address:		Supervisor:	
Position:	Responsibilities:		
Total Assets:		Other Sources of Income:	
Bank Reference ( )			
Name	Street Number/Name	City/State/Zip	Telephone Number
Vehicle Description:			
Make, Model, Color		Year	
Drivers License Number:		License Plate Number:	
Vehicle Description:			
Make, Model, Color		Year	
Drivers License Number:		License Plate Number:	
Nearest Relative (Not Living with) ( )			
Name	Street Number/Name	City/State/Zip	Telephone Number
Personal Reference ( )			
Name	Street Number/Name	City/State/Zip	Telephone Number
Emergency Contact ( )			
Name	Street Number/Name	City/State/Zip	Telephone Number

All persons and/or firms named and any court or credit information service may freely give any requested information about me/us and I/we hereby waive all right of action for any consequences resulting from such information. I/we further certify that I/we have read and agree to all entries made on this Application form and do also agree to all the provisions printed on the face of this document. I/we also certify that I/we have retained a copy of this Application. The approval of the Application is based on the criteria/rental policies of landlord.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICATION

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Application Received By: \_\_\_\_\_ Date \_\_\_\_\_

Co Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Application Approved/Rejected: \_\_\_\_\_ Date \_\_\_\_\_



**Information Release Form**

I/We, \_\_\_\_\_ the undersigned hereby authorize  
CWD Real Estate Investment to verify any and all information provided on the rental application, which MAY  
include credit history, rental history, employment verification, criminal history, and sexual offender  
history.

Signature #1: \_\_\_\_\_

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

Signature #2: \_\_\_\_\_

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



**Employment Verification Form**

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

To: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The person listed below has applied for housing with The Gallery Apartments in Grand Rapids, MI. As part of the application process we must verify the income of all people who apply for housing. PLEASE COMPLETE ALL SECTIONS OF THIS REQUEST FORM AND FAX IT BACK TO (616) 726-5222. If you have any questions, please feel free to contact us at (616) 242-9900.

EMPLOYEE NAME: \_\_\_\_\_

**Current Income Information:**

Date Started With Your Company: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ or Salary: \_\_\_\_\_

Number Of Hours Per Week: \_\_\_\_\_

Is This A Permanent Full Time Position OR Part Time: \_\_\_\_\_

Any Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Position In The Company



**Rental History Verification**

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

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The person listed below has applied for housing with The Gallery Apartments in Grand Rapids, MI. As part of the application process we must verify the rental history of all people who apply for housing. PLEASE COMPLETE ALL SECTIONS OF THIS REQUEST FORM AND FAX IT BACK TO (616) 726-5222. If you have any questions, please feel free to contact us at (616) 242-9900.

Individual(s) Name: \_\_\_\_\_

How long have they lived at this address? \_\_\_\_\_

Have you received a proper notice to vacate? \_\_\_\_\_

Do they pay their rent on time? \_\_\_\_\_

If no, how many times late since they moved in? \_\_\_\_\_

Have you ever had to take them to court for Non-payment? \_\_\_\_\_

Have you received any complaints (noise, damage, etc.)? \_\_\_\_\_

If yes, what type of complaints and how many? \_\_\_\_\_

Were you aware of any pets? If so what kind? \_\_\_\_\_

Did you refund the full amount of their security deposit? \_\_\_\_\_

Would you rent to them again? \_\_\_\_\_

\_\_\_\_\_  
Signature Of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Position In The Company



## REALTOR REFERRAL FORM

1. Are you working with a realtor?    yes    no
2. Has a real estate agent referred you to The Gallery?    yes    no

If you answered yes to either question 1 or 2, please specify their name and what Broker they work for below:

Realtor's name: \_\_\_\_\_

Realtor's Broker (ie. Remax, Keller Williams): \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**\*\*Please note that in order for your agent to receive a referral fee this form must be completed at the time of application.**