RODARTE BUILDERS, INC., 5647 DIXIE HWY., SAGINAW, MI. 48601 OFFICE# 989-777-2250 FAX# 989-777-2632 RODARTEBUILDERS@GMAIL.COM

THE UNDERSIGNED HEREBY MAKES APPLICATION TO RENT AN APARTMENT/HOUSE AND CERTIFIES THAT THE INFORMATION LISTED IS COMPLETE AND CORRECT. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT THIS IS AN OFFER TO RENT AND DOES NOT CONSTITUTE ACCEPTANCE FOR RENTAL ON THE PART OF THE OWNERS, BEING RODARTE BUILDERS, INC. FAILURE TO PROVIDE CORRECT INFORMATION MAY RESULT IN DENIAL OF THE RENTAL APPLICATION. RODARTE BUILDERS, INC. MAY AT THEIR DISCRECTION REQUEST PERMISSION TO DO A HOME INSPECTION AT YOUR CURRENT RESIDENCE. PROPER I.D. MUST BE SUBMITTED WITH THIS APPLICATION. (NO PETS ALLOWED PER COMPANY POLICY!!)

FULL NAME OF APPLICANT AS LISTED ON YOUR LICEN	ISE/I.D	
SOCIAL SECURITY #	DATE OF BIRTH	
HOME PHONE #	CELL PHONE #	
EMPLOYER'S PHONE #YOUR	E-MAIL ADDRESS	
YOUR PRESENTADDRESS		
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?		
NAME OF PRESENT LANDLORD		
PHONE # OF LANDLORD	ARE YOU RELATED? YES NO	
ARE YOU CURRENTLY UNDER A LEASE? YES NO	IF YES, HAVE YOU GIVEN A 30 DAY NOTICE? YES NO	
PLEASE LIST AT LEAST TWO PREVIOUS ADDRESSES, LANDLORD NAMES & PHONE #'S		
1		
2		
PRESENT EMPLOYER'S NAME GROSS W	EEKLY EARNINGS POSITION HOW LONG ON JOB?	
1		
2		
DO YOU RECEIVE ANY OTHER INCOME? YES NO	WHAT TYPE OF INCOME?	
HOW MUCH DO YOU RECEIVE?		
	HOW OFTEN?	
ARE YOU ON SECTION 8? YES NO IF		
PLEASE LIST AT LEAST TWO PERSONAL REFERENCES	YES, YOUR WORKER'S NAME THAT WE MAY CONTACT IF UNABLE TO REACH YOU. DRESS	
PLEASE LIST AT LEAST TWO PERSONAL REFERENCES	YES, YOUR WORKER'S NAME THAT WE MAY CONTACT IF UNABLE TO REACH YOU.	
PLEASE LIST AT LEAST TWO PERSONAL REFERENCES NAME	YES, YOUR WORKER'S NAME THAT WE MAY CONTACT IF UNABLE TO REACH YOU. DRESS ATIONSHIP TO YOU DRESS	
PLEASE LIST AT LEAST TWO PERSONAL REFERENCES NAME	YES, YOUR WORKER'S NAME THAT WE MAY CONTACT IF UNABLE TO REACH YOU. DRESS DRESS DRESS LATIONSHIP TO YOU	
PLEASE LIST AT LEAST TWO PERSONAL REFERENCES NAME	DRESSATIONSHIP TO YOU	

PLEASE LIST THE NAMES, BIRTH DATES AND RELATIONSHIP TO YOU OF ALL PERSONS THAT WILL BE LIVING IN UNIT

The undersigned acknowledges and certifies that he/she is at least 18 yrs. of age and fully capable to execute a contract. By my signature below I hereby give permission to Rodarte Builders, Inc. to obtain a written credit report on myself and to verify any and all information listed above., including verification of my employment, landlord ref., etc.



 RODARTE BUILDERS, INC.
 FAX:
 (989)
 777-2632

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 777-2250

 EMAIL:
 RODARTEBUILDERS@GMAIL.COM

APPLICANT : SIGN ONLY!

LANDLORD REFERENCE FORM

CURRENT LANDLORD NEEDS TO FILL OUT FORM

TENANT(S) NAME(S):		
PROPERTY ADDRESS:		
MOVE-IN DATE: M	10VE-OUT DATE:	
I. WERE THERE ANY COMPLAINTS AGAINST THE TEN	ANT(S)? YES NO	
IF YES - PLEASE NOTE NATURE OF COMPLAINTS:		
2. DOES THE TENANT PAY THE RENT ON TIME? YE	S NO	
3. IS THE TENANT'S RENT CURRENT AT THIS TIME YES NO BALANCE OWING?		
4. IS THE TENANT UNDER A CURRENT LEASE? YES	ΝΟ	
5. IS THE TENANT ON SECTION 8? YES NO	HAT IS TENANT'S PORTION OF RENT?	
6. DID YOU EVER TAKE COURT ACTION AGAINST TH	IE TENANT? YES NO WHEN?	
7. HAS THE TENANT GIVE YOU A THIRTHY DAY NOT	ICE TO MOVE? YES NO	
8. WHAT IS YOUR RELATIONSHIP TO THE TENANT?	LANDLORD FAMILY FRIEND	
9. IF TENANT HAS MOVED OUT, WERE THERE ANY DA	AMAGES TO THE UNIT? YES NO	
IF YES, EXPLAIN DAMAGES:		
10. HAS TENANT EVER BEEN TREATED FOR ANY TYPE	OF INFESTATION? YES NO	
11. WOULD YOU RENT TO THIS TENANT AGAI	N? YES NO	
DATE: PHONE:	FAX#:	
SIGNATURE:	TITLE:	
BY MY SIGNATURE I HEREBY AUTHORIZE THE RELEASE	OF THE ABOVE INFORMATION.	
SIGN:	DATE:	