



APPLICATION FOR OCCUPANCY

801 Tecumseh Road • Battle Creek, Michigan 49037

Telephone (269) 965-3613 • Fax (269) 965-3616

Web: www.EaglesRidgeApartments.com • E-mail: EaglesRidge@sbcglobal.net

For Office Use Only						
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PERSONAL (please print)

Applicant Name (Last, First, MI, Maiden)	Date of Birth	Social Security Number
Applicant's Address (Street, City, State, Zip)	Phone Number	Secondary Phone Number or E-Mail
Co-Applicant Name (Last, First, MI, Maiden)	Date of Birth	Social Security Number
Co-Applicant's Address (Street, City, State, Zip)	Phone Number	Secondary Phone Number or E-Mail
Additional Occupants Name	Date of Birth	Relationship to Applicant

PET Type & #: _____ Breed: _____ Adult Ht/Wt: _____

EMPLOYMENT

Applicant's Employer	Telephone / Fax	How Long Employed
Address (Street, City, State, Zip)	Position	Gross Monthly Income
Co-Applicant's Employer	Telephone / Fax	How Long Employed
Address (Street, City, State, Zip)	Position	Gross Monthly Income

Additional Income Sources / Monthly Amount: _____

RENTAL HISTORY (previous 5 years) - Please indicate applicant or co-applicant

Present Landlord	Landlord's Phone Number	Fax Number
Address Rented (Street, City, State, Zip)	How Long	Reason for Leaving
Previous Landlord	Landlord's Phone Number	Fax Number
Address Rented (Street, City, State, Zip)	How Long	Reason for Leaving

HOW DID YOU HEAR ABOUT OUR COMMUNITY?

- NEWSPAPER
- YELLOW PAGES
- APARTMENT SHOPPERS GUIDE

- DRIVE BY _____
- INTERNET SITE _____
- REFERRED BY _____
- OTHER _____



APP CONV (5 06)

(PLEASE SEE REVERSE SIDE) >

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Eagles Ridge PROPERTIES

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Applicant Name (Please print)		SS#
Co-Applicant Name (Please Print)		SS#
Apartment Type Requested:	Date Requested:	Length of Lease:

Applicant has submitted the sum of \$_____ which is nonrefundable payment for a credit check and processing charge, receipt of which is acknowledged by management. Such sum is not considered rental payment, security deposit, or reservation deposit.

Applicant has submitted a Reservation / Security Deposit in the amount of \$_____ and received a Wait list / Deposit Receipt.

In connection with my application for residency, I understand that investigative background inquiries are to be made on me which may include consumer credit, criminal convictions, motor vehicle, and other reports. Further, I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences.

It is recognized and understood that the Fair Credit Reporting Act provides that anyone who knowingly and willfully obtains information on a consumer reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned not more than a year, or both.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from CBC Innovis, Eagles Ridge Properties and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my residency, or in the case that I should leave my residency at Eagles Ridge with a balance outstanding.

I certify that the preceding information is accurate and complete and I acknowledge that inaccuracies and/or omissions may be the basis for Management's immediate cancellation of our application. I also authorize Management to verify the accuracy and correctness of these statements, to communicate with my employer and creditors, and to procure such other information which Management may require to evaluate this application.

Applicant (Signature):	Date:
Co-Applicant (Signature):	Date:
Leasing Consultant:	Date:

For Office Use Only; Management Remarks or Comments	
Approved:	Approved with conditions:
Denied:	Cancelled:

Managements Signature: _____ Date: _____