

## Brookfield Management Company

Manager/Leasing Agent: Stephanie Becker  
MAIN OFFICE  
27883 Independence St. Ste.103G  
Farmington Hills, MI 48336  
Phone: (248) 615-8920 \* Fax: (248) 615-8923  
Hours: Monday to Friday 8am-5:30pm. / Saturday 10am-4pm.

### WELCOME TO: Botsford Place Terrace Apts.

When you turn in your credit application, you are required to bring a valid Drivers License or Identification card, two recent paycheck stubs or some proof of income, a social security card and a money order, or cashiers check in the amount of \$40.00 made payable to Botsford Place Terrace Apts.

The \$40.00 is non-refundable and is used solely for processing your credit and administrative fees. Please note that your credit application will not be processed without all of the required documents.

We will accept your application only if:

1. You have never been evicted from a former or present Landlord
2. No bankruptcy has been filed (acceptable if discharged)
3. Proof of income must be sufficient to cover all obligations and rent. No donations from any organization will be accepted as payment prior to moving in.
4. A co-signer is accepted with approved credit only

Security Deposit:

1. With approved credit, Security Deposit will be equal to one months rent
2. With bruised credit, if accepted, Security Deposit will equal to 1 ½ months rent
3. After paying the initial holding fee of \$200.00, you are required to come in weekly with a minimum of \$100.00 prior to moving in. Otherwise the apartment will be placed back on the market and your deposit will be forfeited.

If you are approved and do not move into the apartment for any reason, the entire monies deposited will be forfeited. You are also required to contact DTE Electric Company (1-800-477-4747) and have your name transferred into your new address, which can be obtained from your leasing agent.

Before you may move-in, you must have written confirmation that the DTE transfer has taken place. You must also have your first months rent paid in full before you sign your lease.

All of the previous requirements must be met before proceeding with the move-in process.

I have read and understand the above information.

X

Print Name

Today's Date

X

Signature

Leasing Agent

**Botsford Place Terrace Apts.**  
27883 Independence St., Apt. #103-G  
Farmington Hills, MI 48336  
Telephone: (248) 615-8920 Fax: (248) 615-8923

## **Rental Application**

### **Applicant Personal Information**

Full Name:

\_\_\_\_\_

Personal Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ How Long with Landlord: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **2<sup>nd</sup> Applicant Personal Information**

Full Name:

\_\_\_\_\_

Personal Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ How Long with Landlord: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Additional Occupants**

List All Others That Will Reside With You

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Employment History**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ How Long with Current Employer: \_\_\_\_\_

### **Pets**

Do you have any pets? \_\_\_\_\_ How many pets? \_\_\_\_\_

What kind? Dog/Cat \_\_\_\_\_ If Dog, what breed? \_\_\_\_\_

\*You are allowed up to two pets per household. There is a \$500.00 Pet Deposit for all pets over 40 pounds full grown . This is payable in increments of \$50.00 per month if you so choose. Breed restrictions are, but not limited to: Pitbull, Rottweiler, Doberman Pincher, Akita, Chow, German Shepard, Great Dane, Sharpei and St. Bernard.

### **Miscellaneous**

Have you ever: Been Convicted of a Felony? Yes or No

Been Evicted? Yes or No

Explain any "Yes" answers from above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Emergency Contacts**

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Documents Needed**

- Copy of Driver's License
- Proof of Income (last two pay stubs, copy of bank statement, etc.)

*I certify that permission is given to run my background and that all the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application. I authorize verification of the information provided in this application.*

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

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**VERIFICATION OF RENTAL HISTORY**

**TO:** \_\_\_\_\_

We are requesting verification of rental history for the individual named below, who states they are a present or former tenant.

***I HEREBY AUTHORIZE YOU TO RELEASE INFORMATION REGARDING MY  
TENANCY TO THE INQUIRING LANDLORD.***

**X** \_\_\_\_\_

*TENANT SIGNATURE*

\_\_\_\_\_  
*DATE*

**Please complete the information and fax to: (248) 615-8923.**

**Thank you for your cooperation.**

**Cordially,**

**Botsford Place Terrace Apts.**

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**Rental history of** \_\_\_\_\_

**Date moved in** \_\_\_\_\_ **Moved out** \_\_\_\_\_ **Monthly rent \$** \_\_\_\_\_

**Was rent paid on time?** \_\_\_\_\_ **Number of times late?** \_\_\_\_\_

**What was included in rent?** \_\_\_\_\_

**Number of persons in family?** \_\_\_\_\_ **Did they follow the rules?** \_\_\_\_\_

**Complaints by others (explain)?** \_\_\_\_\_

**Care of rental unit:** \_\_\_\_\_

**Any damage?** \_\_\_\_\_ **Any pets?** \_\_\_\_\_



**Overall rating as a tenant (good, fair, poor, explain)** \_\_\_\_\_

\_\_\_\_\_

**Would you rent to them again?** \_\_\_\_\_ **Did they give notice to move?** \_\_\_\_\_

**If former tenant, did you return full security deposit?** \_\_\_\_\_

**If not, why?** \_\_\_\_\_

\_\_\_\_\_

**Person providing information:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_