## DACHA, LLC Rental Application Form

## P.O. Box 253 Nazareth, MI 49074-0253 [Note: Each adult applicant must fill out a separate application.]

| Full Name of Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Phone No. (C/H/W?):              |                       |                        |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|------------------------|--------|
| Social Security No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Driver's License No.:            |                       |                        | State: |
| Birth Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Number of adults in rental unit? | Nu                    | umber of children?     |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                       |                        |        |
| Name(s) of other Applicants:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                       |                        |        |
| Applicant's e-mail address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                       |                        |        |
| Present Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (                                | City:                 | State:                 | Zip:   |
| How long at present address?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Landlord:                        | Phone No.:            |                        |        |
| Reason for moving:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                       |                        |        |
| Have you ever been: Evicted*?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sued by a landlord*?             | Broken a              | rental agreement or le | ease*? |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                       |                        |        |
| Employer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Position:                        |                       | Supervisor:            |        |
| Phone No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | How long?                        | Monthly gross income: |                        |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                       |                        |        |
| Name of Bank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                       |                        |        |
| Checking Account No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Savings Account No.              |                       |                        |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                       |                        |        |
| In Case of Emergency Please Notify: Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | Relationship:         |                        |        |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  | Phone No.:            |                        |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                       |                        |        |
| Automobile Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Model:                           | Year:                 | License No.:           |        |
| Pets (Y/N) and if so, type (pleas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e attach picture):               |                       |                        |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                       |                        |        |
| Have you ever: Been convicted of a felony*?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  | Declared I            | Declared bankruptcy*?  |        |
| *If yes, please explain with dates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>)</b> :                       |                       |                        |        |
| I represent that the information contained in this application is true and complete to the best of my knowledge. I hereby authorize, verification, or reverification of any information contained in this application to be made at any time by the property owner, its agents, successors, and assigns, either directly or through a credit reporting agency from any source named in this application. The property owner will rely on information in this application, and I have a continuing obligation to amend and/or supplement this information should it change at any time either before or during my tenancy. This application will be incorporated by reference as a part of my rental agreement, and any false statement will be grounds for immediate termination of tenancy. |                                  |                       |                        |        |

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

Signature of Applicant:\_\_\_\_\_