

South Haven Center
335 Center Street | South Haven

Dear Applicant,

Thank you for your interest in the South Haven Center apartment community. We look forward to the opportunity to provide you with your housing needs. Should you have any questions or need help with the application, please contact the management office at the email or phone number listed below. You may mail your completed application to the address below or email it to info@gardnermi.com.

There is a \$100.00 Application Fee (non-refundable).

In order for your application to be considered complete and processed in a timely manner, it must have the following:

- Application Fee (check or money order- cash is not accepted).
- All adult member(s) must sign and date the Consent for the Release of Information.
- All adult member(s) must complete, sign and date the Application. Should you need additional applications, please contact us.
- Social Security number, driver's license number and date of birth for all household members 18 or older are required in order to process credit/criminal reports.
- Current street address for all adult members.
- Name, address and phone number for all income and asset providers listed on the application.
- Name, address and phone number for current and previous landlord/mortgage holder(s) for the last three (3) years.

We strive to provide the best service possible to make all our residents feel at home in our community. Please do not hesitate to contact with any questions or for assistance with the enclosed application.

Sincerely,

Gardner Management Company



Managed by: **GARDNER MANAGEMENT COMPANY**

5770 Venture Park | Kalamazoo, MI 49009

(269) 323-7774

Website: www.southhavencenter.com email:

info@gardnermi.com

APPLICATION FOR OCCUPANCY

Date Rcvd: _____

South Haven Center

Managed by: Gardner Management Company
5770 Venture Park Drive Kalamazoo, MI 49008
Phone (269) 323-7774 Fax (269) 323-7778 info@gardnermi.com

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify any information requested by South Haven Center in connection with my application for lease. This includes records on my payment history, criminal history, lease violations or any other information requested.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to: identity and marital status, employment, income, assets, medical or child care allowances, credit and criminal activity, and residences and rental activity.

GROUP OR INDIVIDUALS THAT MAY BE ASKED

The groups of individuals that may be asked to release the above information includes but is not limited to: previous landlords, employers, law enforcement agencies, utility companies, banks and other financial institutions, credit providers and credit bureaus.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____ Head of Household	_____ (Print Name)	_____ Date
_____ Spouse	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

**SOUTH HAVEN CENTER
APPLICATION FOR LEASE**

PLEASE PRINT CLEARLY

Name of Applicant _____ Marital Status _____
Social Security # _____ Driver's License # _____
Date of Birth: _____ How Did You Hear About Us? _____
Current Home Address: _____ Apartment No. _____
City/State/Zip _____
Telephone (____) _____ Cell _____ Email _____
How Long at Current Address _____ Monthly Rent or Mortgage _____
Current Landlord _____ Telephone (____) _____
Previous Home Address _____ Apartment No. _____
City/State/Zip _____

Current Employer _____ Position/Occupation _____
Years _____ Address _____
City/State/Zip _____ Employer Contact _____
Telephone (____) _____ Fax (____) _____ Current Annual Income _____

Name and relationship of all others who will occupy apartment:

Co-Habitant(s) & Ages if Children _____
Will Co-Habitant Contribute to Rental Payment? Yes ☐ No ☐ IF YES, MUST FILL OUT APPLICATION

Dog(s) (limit 2) weight, height, breed and immunization and license information:

References:

Name of Bank _____ Address _____
Checking Account ☐ (check if applicable) Savings Account ☐ (check if applicable)

Credit References:

1) _____ 2) _____
3) _____ 4) _____

I authorize and direct property owner/manager to obtain credit reports, character reports, criminal reports, verification of rental and employment history.

Applicant's Signature

x _____ Date _____