



RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).
Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#
DATE OF BIRTH / /	When would you like to move in?		DRIVERS LICENSE # STATE
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - EXT. <input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL	
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT: - -	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT: - -	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

INCOME

CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO



CREDIT CARD / FINANCIAL INFORMATION

EMERGENCY / PERSONAL REFERENCE INFORMATION

APPLICANT QUESTIONNAIRE / AUTHORIZATION

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

[illegible]

REQUEST FOR VERIFICATION OF RENT OR MORTGAGE

We have received an application for a loan from the applicant listed below, to whom we understand you rent or have extended a loan.
INSTRUCTIONS: LENDER- Complete items 1 thru 8. Have applicant(s) complete item 9. Forward directly to lender named in item 1.
LANDLORD/CREDITOR- Please complete Part II as applicable. Sign and return directly to the lender named in item 2.

PART I - REQUEST

1. TO (Name and address of Landlord/Creditor)		2. FROM (Name and address of lender)	
		Bon Realty Property Management 226 S Lincoln Ave Niles, MI 49120 269-684-4445	
3. SIGNATURE OF LENDER	4. TITLE	5. DATE	6. LENDERS NUMBER
7. INFORMATION TO BE VERIFIED			
<input type="checkbox"/> MORTGAGE <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/> RENTAL <input type="checkbox"/> OTHER	PROPERTY ADDRESS	ACCOUNT IN THE NAME OF:	ACCOUNT NO.
8. NAME AND ADDRESS OF APPLICANT(S)		9. SIGNATURE OF APPLICANT(S)	

PART II - TO BE COMPLETED BY LANDLORD/CREDITOR

RENTAL ACCOUNT	<input type="checkbox"/> MORTGAGE ACCOUNT	<input type="checkbox"/> LAND CONTRACT
Tenant has rented since _____	Date mortgage originated _____	Interest rate _____
To _____	Original mortgage amount \$ _____	FIXED _____ ARM _____
Amount of rent \$ _____ per _____	Current mortgage balance \$ _____	FHA _____ VA _____
Is rent in arrears ? Yes _____ No _____	Monthly Payment P & I only \$ _____	FNMA _____ CONV _____
Number of times 30 days past due* _____	Payment with taxes and ins. \$ _____	Next pay date _____
Is account satisfactory ? Yes _____ No _____	Is mortgage current ? Yes _____ No _____	No of late payments* _____
	Is mortgage assumable ? Yes _____ No _____	Insurance agent: _____
	Satisfactory account ? Yes _____ No _____	

* Number of times account has been 30 days overdue in the last 12 months

ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN DETERMINING APPLICANT(S) CREDIT WORTHINESS

SIGNATURE OF CREDITOR	TITLE	DATE

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

GFI- form VOM rev. 6-5-2002



Fannie Mae

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I — Request

1. To (Name and address of employer)	2. From (Name and address of lender) Bon Realty Property Management 226 S Lincoln Ave Niles, MI 49120 269-684-4445
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional)
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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Part II — Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) \$ _____ <input type="checkbox"/> Weekly				13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____ Base Pay \$ _____ Rations \$ _____ Flight or Hazard \$ _____ Clothing \$ _____ Quarters \$ _____ Pro Pay \$ _____ Overseas or Combat \$ _____ Variable Housing Allowance \$ _____		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No 15. If paid hourly — average hours per week _____ 16. Date of applicant's next pay increase _____ 17. Projected amount of next pay increase _____ 18. Date of applicant's last pay increase _____ 19. Amount of last pay increase _____	
12B. Gross Earnings							
Type	Year To Date	Past Year	Past Year				
Base Pay	\$ _____	\$ _____	\$ _____				
Overtime	\$ _____	\$ _____	\$ _____				
Commissions	\$ _____	\$ _____	\$ _____				
Bonus	\$ _____	\$ _____	\$ _____				
Total	\$ 0.00	\$ 0.00	\$ 0.00				

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III — Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____		
22. Date Terminated			
24. Reason for Leaving	25. Position Held		

Part IV — Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	