

Please complete the application and send it to msrholdings@gmail.com.

A. General Info	ormation					
First Name		Middle	Intial	Last Name	•	
Birth Date		Email				
Mobile Phone		Home	Phone			
Driver's License o	r ID#	State		Social Sec	curity Number	•
Name of unit you	are applying for:					
☐ The Hudson	☐ The London	_	Monroe		The Harrison	
☐ The Jewel	☐ The Madison	☐ The	Carter		The Executive	9
B. Current Add	ress					
Street Address - L	ine One		Street A	ddress - L	ine two	
City			State		Zip Code	
C. Residence H	listory					
The state of the s	least two years of resid revious landlord or mort		-	ng the conta	ct information a	and
Residence 1						
Name		Dates			Contact F	Person
		From:	:	То:		
Email		Phone				



C. Residence History	(continued)
Residence 2	
Name	Dates Contact Person
Email	Phone
Residence 3	
Name	Dates Contact Person
Email	Phone
D. Income Sources	
Name (Employer)	Years Employed Monthly Income
Name (Employer)	Years Employed Monthly Income

E. Verification Documents

Requirements (Must submit all of the following)

- 1. Pay Stubs From Previous Two Months
- 2. Previous Tax Year W-2
- 3. Photo Identification (Drivers License or State Issued ID, Passport, or Military ID)
- 4. Proof of Income (Bank Statement, Pay Stub, Recent W-2, or Recent 1099)

Include with application.



F. Add Applicant

Type of Applicant (Co Applicant, Guarantor, Adult Occupant, Mi	Relation to Primary Applicant		
References			
Please provide at least two references.			
Reference 1			
First Name	Last Name		Relation
Phone	Email		
Reference 2			
First Name	Last Name		Relation
Phone	Email		
G. Emergency Contact			
Please provide an emergency contact.			
First Name	Last Name		Relation
Phone	Email		



H. Vehicles

Please add any vehicle	s that you will	be parking on the premise	es.	
Vehicle 1				
Make		Model		Year
Color		License Plate		State
Vehicle 2				
Make		Model		Year
Color		License Plate		State
I. Pets				
Please list any pets that	t will be stayin	g in the unit.		
Pet 1				
Name				
Type (Cat, Dog, Other)	Breed		Approx. Weight	(Ib.) Age (Years)
Pet 2				
Name				
Type (Cat, Dog, Other)	Breed		Approx. Weight	(Ib.) Age (Years)



J. Additional Information

If you answer yes to any of the following questions, please provide a brief explanation.
o you or anyone who will be living in the apartment smoke? $\ \square$ Yes $\ \square$ No
ave you ever been served a late rent notice? Yes No
ave you ever been served an eviction notice?
ave you ever been convicted of a felony or misdemeanor? \square Yes \square No
K. Other
urrent employer contact info.
ame
urrent or previous landlord contact info.
ame Phone



Review and Sign Application

Your application will not be processed and no background checks will be performed until payment has been received for your application.

Signatures

By signing this application, I verify that the statements in this application are true and correct. I authorize the use of the information and contacts provided to complete a credit, reference, and/or background check. I understand that false or lack of information may result in the rejection of this application.

Applicant 1		
X	Date	

Final Steps:

- 1. Complete Application
- 2. Sign and Date Completed Application
- 3. Scan or Photograph All Required Verification Documents
- 4. Email or Drop Off Completed Application and Verification Documents

Email documents to msrholdings@gmail.com
OR

Drop off by appointment to: 5953 Chase Rd

Dearborn, MI 48126

PH: (313) 406-3013

