



TOWN SUITES

200 Lake Village Trail, Suite 201 | Auburn Hills, Michigan 48326
Tel: 248.333.1360 | Fax: 248.333.9583 | www.townsuites.com

INDIVIDUAL CREDIT APPLICATION

Location: _____ **Application Taken By:** _____

The following items must be paid when lease is signed and before possession is granted:

First Month's Rent: \$ _____ Security Deposit: \$ _____ Cleaning Fee: \$ _____ **TOTAL: \$** _____

MAKE ALL CHECKS PAYABLE TO TOWN SUITES.

Property Address: _____ Apt. #: _____

City: _____ Date: _____ Rent to Begin: _____ End: _____

Applicant's Name: _____ Social Security #: _____

Spouse's Name: _____ Social Security #: _____

Applicant's Drivers License #: _____ Auto: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Applicant's Occupation: _____ Yearly Income: _____

Immediate Supervisor: _____ Phone #: _____

Employer: _____ Address: _____

Spouse's Occupation: _____ Yearly Income: _____

Immediate Supervisor: _____ Phone #: _____

Employer: _____ Address: _____

Credit References: 1.) _____ 2.) _____

Name of Bank: _____ Branch: _____

Checking Acct. #: _____ Savings Acct. #: _____

Relative to Notify in an Emergency: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

List of Persons to Occupy Apartment:

Name	Birth	Date	Age	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby authorize Town Suites to verify the accuracy of this application, including, without limitations, present employers, banking information, and credit firms or bureaus.

_____ signature

_____ date