

RENTAL APPLICATION FOR COLLEGE PARK APARTMENTS

ALPENA COMMUNITY COLLEGE STUDENT HOUSING

Print, complete and mail this form to: Stratford Group Ltd., P.O. Box 517, Alpena, MI 49707, Phone: 989-354-2424.

Office Use Only – Date Received _____

PERSONAL INFORMATION: (please print)

Name _____
Social Security # _____ - ____ - _____ Date of Birth ____ - ____ - _____
Sex: M F Marital Status: Married Unmarried Separated
Automobile: Make/Model _____ Year _____
Your College Major _____

DATE OCCUPANCY DESIRED:

Date Occupancy Desired _____
 Furnished
Do you prefer non-smoking roommates? Yes No
(assistance will be provided to match roommates)
Name of person(s) you prefer to share apartment with:
(separate application is needed for each)

YOUR PRESENT ADDRESS:

Address _____
City/State/Zip _____
Home Phone # _____ Do you: Rent Own
How long at present address? _____
What is your monthly rent/mortgage payment? _____
Name of landlord/mortgage company: _____
Their Phone # _____
Their Address _____
City/State/Zip _____

YOUR FORMER ADDRESS:

Address _____
City/State/Zip _____
Did you: Rent Own How long at this address? _____
What was your monthly rent/mortgage payment? _____
Name of former landlord/mortgage company: _____
Their Phone # _____
Their Address _____
City/State/Zip _____

YOUR PRESENT EMPLOYER:

Name _____ Phone # _____
Address _____
City/State/Zip _____
Length of Employment _____ Annual Income \$ _____

Please note this is a preliminary application and gives no lease or rental rights. Additional information will be required at a later date to complete processing of residents. This application must be completed in full and signed in order to be processed. All of the information you are asked to provide in this application is treated confidentially.

OTHER INCOME:

List all other sources of income and amounts (include grants and scholarships):

BANK REFERENCE:

Name _____ Phone # _____
Address _____
City/State/Zip _____

PERSONAL REFERENCE: (not a relative)

Name _____ Phone # _____
Address _____
City/State/Zip _____

CREDIT REFERENCE:

Name _____ Phone # _____
Address _____
City/State/Zip _____

- A. Are you a current illegal user of a controlled substance? Yes No
B. Do you have a previous conviction for use of a controlled substance? Yes No
C. Have you been convicted of the illegal manufacture or distribution of a controlled substance? Yes No
D. If you answered "Yes" to any of the above, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such program? Yes No
Which program? _____

I certify that the preceding information is accurate and complete and I acknowledge that inaccuracies and/or omissions may be the basis of immediate cancellation of my application by management. Management has the right to investigate and verify my credit, employment and income records and to order a credit report on myself from the local credit bureau. Management has the right to investigate my present and past landlord references. I acknowledge that if I do not have credit or landlord experience established, a parent may be required to co-sign.

Please Note: If you reside with your parent(s) or are claimed as a dependent for tax purposes, they, as well as you, are required to sign this application.

Organizations and individuals using Alpena Community College facilities agree to comply with all ACC policies and procedures while using College facilities and while on the College campus. The College may refuse use of facilities by any organization or individuals failing to comply with College policies and procedures.

Signature of Applicant _____ Date _____

Signature of Parent _____ Date _____