



6301 Fox Glen Drive
Saginaw, Michigan 48638
Phone 989-792-2051
Fax 989-792-1579
www.foxglen-aps.com

Authorization for Release of Criminal/Police Records

I _____ authorize the recipient of this form to release
Name
to **Fox Glen Apartments** information concerning any criminal/police records you may have concerning me. I make this request for the purpose of applying for residency at the apartment community. I hereby waive any claim against the releasing department or agency that I may have for releasing this information at my request. A photocopy of this form may be accepted and given the same effect as the original.

Signature

Print Name

Current Address

Date of Birth

Social Security Number

PLEASE FAX IN YOUR APPLICATION (989) 792-1579 OR DROP IT OFF IN THE OFFICE. THANK YOU.



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Rental Application for RESIDENT

RESIDENT APPLICANT	FULL NAME			CURRENTLY LIVING IN? <input type="radio"/> APT <input type="radio"/> OWN HOME <input type="radio"/> RENTED HOME		HOW LONG?	MONTHLY PAYMENT \$	OFFICE USE ONLY	
	STREET ADDRESS			LANDLORD OR MORTGAGE HOLDER NAME AND PHONE					
	CITY	STATE	ZIP	WHY ARE YOU MOVING?		HOW MANY PEOPLE WILL BE LIVING IN YOUR APT?			
	SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER		BIRTH DATE				
	HOME PHONE/WHEN TO CALL () /		WORK PHONE/WHEN TO CALL () /		EMAIL ADDRESS				
	PREVIOUS ADDRESS			CITY	STATE	ZIP	HOW LONG?		
	PREVIOUS LANDLORD OR MORTGAGE HOLDER NAME AND PHONE								
	IN CASE OF EMERGENCY NOTIFY		ADDRESS			PHONE			
	AUTOMOBILE MAKE, MODEL, YEAR		LICENSE PLATE NUMBER		AUTOMOBILE MAKE, MODEL, YEAR		LICENSE PLATE NUMBER		
	SPOUSE AND OTHER OCCUPANTS								
EMPLOYMENT	EMPLOYED BY/COMPANY NAME		SALARY PER \$ /	POSITION	HOW LONG?	SUPERVISOR NAME			
	EMPLOYER ADDRESS		CITY	STATE	ZIP	SUPERVISOR PHONE			
	PREVIOUS EMPLOYER AND ADDRESS					PREVIOUS SUPERVISOR PHONE			
	OTHER SOURCES OF INCOME			NAME AND PHONE OF PERSON TO CONTACT FOR OTHER INCOME VERIFICATION					
INFORMATION	PLEASE CHECK AS MANY OF THE FOLLOWING WHERE YOU HAVE SEEN OR HEARD ABOUT US:								
	<input type="radio"/> NEWSPAPER (WHICH PAPERS)				<input type="radio"/> DROVE BY				
	<input type="radio"/> APARTMENT GUIDE (WHICH GUIDE)				<input type="radio"/> RESIDENT REFERRED (NAME) _____				
	<input type="radio"/> YELLOW PAGES (WHICH LOCATION)				<input type="radio"/> FRIEND REFERRED				
	<input type="radio"/> SIGNS/DISPLAY (WHICH LOCATION)				<input type="radio"/> EMPLOYER REFERRED				
	<input type="radio"/> OTHER (PLEASE DESCRIBE)				<input type="radio"/> INTERNET (WHICH SITE) _____				
NEWSPAPER YOU READ MOST OFTEN <input type="radio"/> DAILY <input type="radio"/> SUNDAY		HOW FAR IS IT TO YOUR JOB? MILES TIME		NUMBER OF YEARS OF SCHOOLING COMPLETED		DO YOU HAVE PETS? <input type="radio"/> NO <input type="radio"/> YES (TYPE)			
WHAT OTHER APARTMENTS HAVE YOU VISITED?									
WHY DID YOU CHOOSE THIS APARTMENT COMMUNITY? <input type="radio"/> LOCATION <input type="radio"/> VIEW <input type="radio"/> COMMUNITY LAYOUT <input type="radio"/> APT SIZE <input type="radio"/> AMENITIES <input type="radio"/> RATE <input type="radio"/> PERSONAL ATTENTION <input type="radio"/> OTHER									
TERMS	This application shall be accompanied by a deposit of \$ _____, which shall be retained. Applicant hereby grants permission to verify any information contained herein.								
	MOVE-IN DATE		TYPE OF APARTMENT		APARTMENT NUMBER		AMOUNT OF RENT		
	DEPOSIT RECEIVED BY		DATE RECEIVED		SIGNATURE OF RESIDENT APPLICANT				

NOTE: THERE IS A \$75.00 RESERVATION FEE THAT MUST BE MAILED BY CHECK TO THE ABOVE ADDRESS, WHETHER APPLICATION IS FAXED OR MAILED. PLEASE FAX IN YOUR APPLICATION (989) 792-1579 OR DROP IT OFF IN THE OFFICE. THANK YOU.





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Rental Application for CO-SIGNER

RESIDENT APPLICANT	FULL NAME			CURRENTLY LIVING IN? <input type="radio"/> APT <input type="radio"/> OWN HOME <input type="radio"/> RENTED HOME		HOW LONG?	MONTHLY PAYMENT \$	OFFICE USE ONLY	
	STREET ADDRESS			LANDLORD OR MORTGAGE HOLDER NAME AND PHONE					
	CITY	STATE	ZIP	WHY ARE YOU MOVING?		HOW MANY PEOPLE WILL BE LIVING IN YOUR APT?			
	SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER		BIRTH DATE				
	HOME PHONE/WHEN TO CALL () /		WORK PHONE/WHEN TO CALL () /		EMAIL ADDRESS				
	PREVIOUS ADDRESS		CITY	STATE	ZIP	HOW LONG?			
	PREVIOUS LANDLORD OR MORTGAGE HOLDER NAME AND PHONE								
	IN CASE OF EMERGENCY NOTIFY		ADDRESS		PHONE				
	AUTOMOBILE MAKE, MODEL, YEAR		LICENSE PLATE NUMBER		AUTOMOBILE MAKE, MODEL, YEAR		LICENSE PLATE NUMBER		
	SPOUSE AND OTHER OCCUPANTS								
EMPLOYMENT	EMPLOYED BY/COMPANY NAME		SALARY PER \$ /	POSITION	HOW LONG?	SUPERVISOR NAME			
	EMPLOYER ADDRESS		CITY	STATE	ZIP	SUPERVISOR PHONE			
	PREVIOUS EMPLOYER AND ADDRESS					PREVIOUS SUPERVISOR PHONE			
	OTHER SOURCES OF INCOME			NAME AND PHONE OF PERSON TO CONTACT FOR OTHER INCOME VERIFICATION					
INFORMATION	PLEASE CHECK AS MANY OF THE FOLLOWING WHERE YOU HAVE SEEN OR HEARD ABOUT US:								
	<input type="radio"/> NEWSPAPER (WHICH PAPERS _____)				<input type="radio"/> DROVE BY _____				
	<input type="radio"/> APARTMENT GUIDE (WHICH GUIDE _____)				<input type="radio"/> RESIDENT REFERRED (NAME) _____				
	<input type="radio"/> YELLOW PAGES (WHICH LOCATION _____)				<input type="radio"/> FRIEND REFERRED				
	<input type="radio"/> SIGNS/DISPLAY (WHICH LOCATION _____)				<input type="radio"/> EMPLOYER REFERRED				
	<input type="radio"/> OTHER (PLEASE DESCRIBE _____)				<input type="radio"/> INTERNET (WHICH SITE) _____				
NEWSPAPER YOU READ MOST OFTEN <input type="radio"/> DAILY <input type="radio"/> SUNDAY		HOW FAR IS IT TO YOUR JOB? MILES TIME		NUMBER OF YEARS OF SCHOOLING COMPLETED		DO YOU HAVE PETS? <input type="radio"/> NO <input type="radio"/> YES (TYPE)			
WHAT OTHER APARTMENTS HAVE YOU VISITED?									
WHY DID YOU CHOOSE THIS APARTMENT COMMUNITY? <input type="radio"/> LOCATION <input type="radio"/> VIEW <input type="radio"/> COMMUNITY LAYOUT <input type="radio"/> APT SIZE <input type="radio"/> AMENITIES <input type="radio"/> RATE <input type="radio"/> PERSONAL ATTENTION <input type="radio"/> OTHER									
TERMS	This application shall be accompanied by a deposit of \$ _____, which shall be retained. Applicant hereby grants permission to verify any information contained herein.								
	MOVE-IN DATE		TYPE OF APARTMENT		APARTMENT NUMBER		AMOUNT OF RENT		
	DEPOSIT RECEIVED BY		DATE RECEIVED		SIGNATURE OF RESIDENT APPLICANT				

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