



Please complete & return to:  
The Manor at Sherman Oaks  
700 Sherman Oaks Drive  
Ludington, MI 49431

Revised January 29, 2020

shermanoaks@krimson.com

Fax: 231-845-5629

# KRIMSON

## RENTAL APPLICATION

**Each occupant must complete a separate Rental Application (unless a minor).**

Date: \_\_\_\_\_ Community \_\_\_\_\_ Apartment # \_\_\_\_\_

### Please tell us about yourself

Full Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email(s): \_\_\_\_\_

Your Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Auto License #: \_\_\_\_\_

2<sup>nd</sup> Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Auto License #: \_\_\_\_\_

Other Occupants (minors):

Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Person to notify in Case of Emergency: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do you have pets? \_\_\_\_\_ If yes, how many \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Type \_\_\_\_\_ Weight \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

### Please give your resident history for the past 3 years (beginning with your current address)

**Current Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Owner or Landlord: \_\_\_\_\_

Month/Year Moved In \_\_\_\_\_

Month/Year Moved Out \_\_\_\_\_

Monthly rental rate \$ \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**Permanent Address (if student):** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Owner or Landlord: \_\_\_\_\_

Month/Year Moved In \_\_\_\_\_

Month/Year Moved Out \_\_\_\_\_

Monthly rental rate \$ \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### Please give your employment information for the past 3 years (beginning with your current employer)

**Employment Status:** \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Monthly Gross Salary: \$ \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor Phone #: (\_\_\_\_) \_\_\_\_\_

School \_\_\_\_\_ ID# \_\_\_\_\_ Present Status ☐ F ☐ S ☐ J ☐ S ☐ G Doc. Major: \_\_\_\_\_

**Previous Employment History:**

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Monthly Gross Salary: \$ \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor Phone #: (\_\_\_\_) \_\_\_\_\_





# KRIMSON

1575 Watertower Place, East Lansing, MI 48823

Phone: (517) 333-9622 Fax: (517) 333-9677

[www.krimson.com](http://www.krimson.com)

## DISCLOSURE REGARDING REAL ESTATE AGENCY RELATIONSHIPS

Michigan law requires real estate licensees who are acting as agents of sellers or buyers of real property to advise the potential sellers or buyers with whom they work of the nature of their agency relationship.

### **Seller's Agents**

A seller's agent, under a listing agreement with the seller, acts solely on behalf of the seller. A seller can authorize a seller's agent to work with subagents, buyer's agents and/or transaction coordinators. A subagent is one who has agreed to work with the listing agent, and who, like the listing agent, acts solely on behalf of the seller. Seller's agents and subagents will disclose to the seller known information about the buyer which may be used to the benefit of the seller. Individual services may be waived by the seller through execution of a limited service agreement. Only those services set forth in paragraph (2)(b), (c), and (d) above may be waived by the execution of a limited service agreement.

### **Buyer's Agents**

A buyer's agent, under a buyer's agency agreement with the buyer, acts solely on behalf of the buyer. Buyer's agents and subagents will disclose to the buyer known information about the seller which may be used to benefit the buyer. Individual services may be waived by the buyer through execution of a limited service agreement. Only those services set forth in paragraph (2)(b), (c), or (d) above may be waived by execution of a limited service agreement.

### **Dual Agents**

A real estate licensee can be the agent of both the seller and the buyer in a transaction, but only with the knowledge and informed consent, in writing, of both the seller and the buyer. In such a dual agency situation, the licensee will not be able to disclose all known information to either the seller or the buyer.

The obligations of a dual agent are subject to any specific provisions set forth in any agreement between the dual agent, the seller, and the buyer.

Initial(s) \_\_\_\_\_

**Licensee Disclosure (check one)**

I hereby disclose that the agency status of the licensee named below is:

- ☒ Seller's Agent  
☐ Seller's Agent – limited service agreement  
☐ Buyer's Agent  
☐ Buyer's Agent – limited service agreement  
☐ Dual Agent  
☐ None of the above

**Affiliated Licensee Disclosure (check one)**

☐ Only the licensee's broker and a named supervisory broker have the same agency relationship as the licensee named below. If the other party in a transaction is represented by an affiliated licensee, then the licensee's broker and all named supervisory brokers shall be considered disclosed consensual dual agents.

☐ All affiliated licensees have the same agency relationship as the licensee named below. Further, this form was provided to the buyer or seller before disclosure of any confidential information.

\_\_\_\_\_  
Licensee

\_\_\_\_\_  
Date

**Acknowledgment**

By signing below, the parties acknowledge that they have received and read the information in this agency disclosure statement and acknowledge that this form was provided to them before the disclosure of any confidential information.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

