

**Schramm's Superior Properties, LLC**  
Ridgeview, West Ridgeview Apartments & Westridge Heights Rental Application  
P.O. Box 751, Marquette, MI 49855 Phone: (906) 225-1532

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***Please fill out all requested information on the front and back of this form. Provide a photo copy of all applicants drivers licenses.  
Thank you for your interest in our properties!***

Date of Application \_\_\_\_\_ Desired Date of Occupancy \_\_\_\_\_

APPLICANT'S FULL NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home #( ) \_\_\_\_\_ Work #( ) \_\_\_\_\_ Cell #( ) \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No. /State \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

FULL NAMES OF ALL OTHER RESIDENTS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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**RESIDENCE HISTORY**

PRESENT ADDRESS \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
Landlord or Mortgage Co. \_\_\_\_\_ Phone # \_\_\_\_\_  
Reason for Moving \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
Landlord or Mortgage Co. \_\_\_\_\_ Phone # \_\_\_\_\_  
Reason for Moving \_\_\_\_\_

If no rental history please provide a personal reference:  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

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**EMPLOYMENT INFORMATION**

YOUR STATUS:    Employed Full-Time    Part-Time    Student    Retired    Not Employed

CURRENT EMPLOYER/ DEGREE \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Date(s) Employed/From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_  
Supervisor & Contact # \_\_\_\_\_ Monthly Salary\$ \_\_\_\_\_

If there are other sources of income that will be applied to your rent, please list source and person (Banker, Employer, etc.) You do NOT have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount\$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Phone # \_\_\_\_\_

Amount\$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Phone # \_\_\_\_\_

Comments: \_\_\_\_\_

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VEHICLE INFORMATION

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MAKE/MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ TAG #/STATE \_\_\_\_\_

OTHER CAR, MOTORCYCLE, ETC. \_\_\_\_\_

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HAVE YOU **OR** CO-APPLICANT EVER (Please circle Yes or No):

Been sued for non-payment of rent?      Yes      No

Declared Bankruptcy?      Yes      No

Been evicted or asked to move out?      Yes      No

Broken a Rental Agreement or Lease?      Yes      No

Been sued for damage to rental property?      Yes      No

Reason: \_\_\_\_\_

Do you or the other occupants smoke?      Yes      No

Do you or other occupants own any pets? (Most units do not allow pets)      Yes      No

Kind of pet, breed, weight and age \_\_\_\_\_

How did you hear about this property? (Internet, Newspaper, friend, other)

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IN CASE OF EMERGENCY, NOTIFY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

I HEARBY MAKE APPLICATION FOR AN APARTMENT AND CERTIFY THAT THIS INFORMATION IS CORRECT. I AUTHORIZE YOU TO CONTACT ANY REFEERENCES THAT I HAVE LISTED. I ALSO AUTHORIZE YOU TO OBTAIN MY CONSUMER CREDIT REPORT FROM YOU CREDIT REPORTING AGENCE, WHICH WILL APPEAR AS AN INQUIRY ON MY FILE. APARMTENT DEPOSIT IS ONLY REFUNDABLE WITHIN 24 HOURS OF RECEIVING.

PRINT FULL NAME: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAIDEN NAMES OR PREVIOUS NAMES: \_\_\_\_\_

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OFFICE USE ONLY

APPROVED:    YES      NO      DATE:

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

APARTMENTS VIEWED: \_\_\_\_\_

APARTMENT CHOSEN: \_\_\_\_\_