

Main Office / Mailing Address: 18045 Lahser Road, Suite 1, Detroit, MI 48219 | xlncresidences.com

Property______ Unit____ Desired Move in Date_____ Rental Amount _____ Security Deposit Amount _____

General Terms Condition:

- 1. A non-refundable \$55 application fee per person (in checks/money orders) is due when turning in this application.
- 2. When the application is approved, you have 10 days to pay the applicable security deposit (i.e., 1.5 months' of rent) in order to place a hold on the apartment.
- 3. Failing to pay the applicable security deposit will result in cancellation of this application.
- Within 7 days of placing the applicable deposit, Applicant must Move-In & Pay in full all Move in costs balance (1st & last months of rent i.e., 2 months of rent).
- 5. No move-in will be performed without the entire balance of the move-in cost being paid).
- 6. Applicant/s herby irrevocably confirm, acknowledge and agree that failing to move in, on the <u>Desired Move-In date</u> while all move in costs as mentioned at section 2 & 4 above were paid, will result on CANCELLTION OF THIS APPLICATION AND FORFEIT OF THE SECURITY DEPOSIT (Hereinafter: "Landlord Move-In preparations compensation Costs").

Please answer the following questions in full: PERSONAL INFORMATION:

Applicant 1:				
		State of Issuance:		
 Social Security Number:		Date of Birth:		
Present Address:				
City, State & Zip Code:				
Cell Phone #:	Home #:	Work #:		
Email:				
Description of your vehicle (make, model, y	vear, license plate) #			
Applicant 2:				
Driver's License No	State of Issuance:			
Social Security Number:	Date of Birth:			
Present Address:				
City, State & Zip Code:				
Cell Phone #:	Home #:	Work #:		
Email:				
Description of your vehicle (make, model, y	vear, license plate) #			
Employment or ctudent status		EMPLOYMENT – PERSON 1		
Employment or student status:				
Employer's address and phone #:				
Length of time with current employer:				
Thor Employer, name and #.		EMPLOYMENT – PERSON 2		
Employment or student status:				
Name of current employer:				
Employer's address and phone #:				
Length of time with current employer:	, Gross mor	nth income: \$, Net month income: \$, Otl	ner income (monthly) \$,	
Position with current employer:				
Prior Employer, name and #:				



RENTAL HISTORY

(Please provide at least two years of rental history)

Name of current landlord:						
Address, phone # of current landlord:	E-mail:					
Date current lease expires:	Have you given notice?					
Length of time at your current address:	Property Management in place:					
Please provide last year rental ledger and / or receipts Y	N					
Name of previous landlord:						
Phone # of previous landlord:						
Date previous landlord lease expired:	Length of time at this address:					
Have you eve`r been evicted <u>or</u> sued by a landlord ?	If yes, explain:					
Name, address and phone # of closest relative not residi	ng with applicant:					
Nature of relationship to that relative:						
Name or your current creditors , including charge card	s, student loans, and commercial loans:					
Have you ever been convicted of a criminal offense ?	If yes, explain:					
Have you ever filed for bankruptcy ?	If yes, explain:					
Did anyone refer you to us? If y	es, explain:					
Have you rented with us before?						
agreement with me. I further represent that my rental a and should my application be accepted; I agree to sign yo of this application available at the beginning of the lease limitation actual, punitive, or consequential damages. In I hereby authorize XLNC INVEST LLC to obtain a consur	rate and I understand that the owner/manager of the property will rely on this information in entering into a rental and credit records are in good standing with no judgments or liens against me. I also understand this is not a lease our lease form currently in use. If for any reason whatsoever you are unable to make the apartment which is subject term, I hereby waiver any and all rights to seek to recover any damages whatsoever against you including without have been duly informed that NO PETS are allowed at our properties. The property and any other information it deems necessary, for the purpose of evaluating my application. I understand					
records, licensing records, and/or any other necessary in connection with an update, renewal, extension or colle expressly release XLNC INVEST LLC and any procure	, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle information. I understand that subsequent consumer reports may be obtained and utilized under this authorization extion with respect or in connection with the rental or lease of a residence for which application was made. I hereby r or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information may be provided to various local, state and/or federal government agencies, including without					
Signature of Applicant (1):	Date:					
Signature of Applicant (2):	Date:					
For Office Use Only:						
Date Received:, Date Approve	ed:, Approved by (Name), Approval Signature:					
Entered into RM:, Security Deposit Da	ate:, Security Deposit \$, Lease Begin:, Lease End:					
Denied : (circle one) income, credit, resident history, cri	minal, other					



XLNC LANDLORD VERIFICATION FORM

Applicant Name:							
Current Address: Name of Community Contacted:							
Dates of	f Residen	ency: to					
1.	Rent Pa	ayments					
	•	How much was rental amount?					
	•	Is/was applicant current on rent?					
	•	Number of times late?					
	•	How late?					
	•	How often?					
	•	Have you ever started eviction proceedings for nonpayment?					
2.	Caring f	for the Unit					
	•	Has the applicant, family member, or guest damaged the property	'?				
	If yes, please describe:						
	•	Has the applicant paid for damages?					
3.	General	al					
	Did the applicant obey the rules of the community?						
	•	If no, please describe:					
	Did the applicant provide any false information?						
	If yes, describe:						
	Would you rent to the applicant? Yes No						
This for	m was co	completed by:					
 Name							
			-				
Compa	ny	Contact Phone Number					

Please return this form to JOANNA@XLNCRESIDENCES.COM or mail to:

XLNC RESIDENCES 18045 Lahser Rd. Apt. 1 Detroit, MI 48219



EMPLOYMENT VERIFICATION LETTER

Employer Name	e:		
Address:			
City:	State:		
Zip:			
RE: Verificatio	n of Employment for		[Name of Employee]
To whom it ma	y concern:		
Employee] has			[Name of [Employer Name]
	[
			☐ Part-Time basis of e ☐ Hourly ☐ Daily ☐
Weekly □ Bi-w			nnually and \square No Bonus \square a
•	questions or require f		tion, please don't hesitate to ne Number].
Sincerely yours	,		
Signature		Print Name: _	
Title:	E-ma	il address	