

MPM QUICK CHECK APPLICATION

The most recent 2 years resident history required. Must provide dates of residency, landlord names and phone numbers for all addresses. The application cannot be submitted for processing until all information is provided.

Property Name _____ Unit # _____ Rent Amount _____ Move in Date _____

Last Name	First Name	Middle/Maiden	Suffix
Social Security #	Date of Birth	Driver's License #	State
Spouse Last Name	First Name	Middle/Maiden	Suffix
Social Security #	Date of Birth	Driver's License #	State

Are you a US Citizen? _____ YES _____ NO

Current Address *MPM requires at least 2 years resident history. For additional addresses, see supplemental address information on page 2. List all addresses that may be reported by a credit agency.*

Street Address	Apt #	City	State	Zip
City /ST/Zip		State	Zip	
Home Phone	Work Phone		E-mail	
Landlord / Mortgage Name		Phone #		Move In Date
Mortgage Co.info	Name	Phone No.		

Total Gross Monthly Income \$

Emergency Contact (Will be the person listed on the lease as the emergency release representative)

Name	Phone
Address	City State Zip

Phone _____

SUPPLEMENTAL INFORMATION

Current Employer	Personnel Phone #	Hire Date
Address	City	State Zip
City/State/Zip		
Phone No.	Number:	
Position	Gross Monthly Income	Supervisor Name

Employment Dates: From: To:

Spouse Current Employer	Personnel Phone #	Hire Date
Address	City	State Zip
Position	Gross Monthly Income	Supervisor Name

Vehicle Information

License #	State	Year
Make	Model	

Pet Information

Type/Breed	
Height/Weight	lbs. inches

Roommates / Occupants Names and Birthdates (List only those that are applying with you today)

	DOB:
	DOB:
	DOB:

Renter's Insurance Do you carry renter's insurance? Yes _____ No _____

Carrier _____ Agent _____ Phone _____

I understand that the property's insurance coverage and insurance does not and cannot protect any personal belongings against burglary, vandalism, fire, smoke, and other perils. I also understand that by not having personal liability insurance, I may be liable to third parties and to the property owner for certain perils which are covered by renter's insurance.

IF NO INSURANCE, OWNER AND ITS REPRESENTATIVES STRONGLY RECOMMEND THAT RESIDENT SECURES INSURANCE.

Have you, your spouse, roommate or occupant listed on this application ever been: Evicted or asked to move out?
 Sued for non-payment of rent? _____ Sued for damage to rental property? _____ Convicted of a criminal offense?
 Received deferred adjudication? _____. If yes please explain, year location and type of each: _____

You represent that the answer is "No" to any question left blank.

MPM and Applicant acknowledge that Applicant has paid a non-refundable processing fee of \$ _____. MPM acknowledges that Applicant has also paid a holding deposit in the amount of \$ _____. If Applicant fails or refuses, for any reason, to occupy the apartment and notifies MPM within 48 hours after signing the application of their intention not to occupy the apartment, the holding deposit will be returned. If the Applicant fails to notify MPM of their cancellation within 48 hours of signing the Application, and fails to occupy the apartment, Lessor/Owner shall be entitled to damages of \$ _____ as administrative costs in addition to any and all damages provided for in the Lease Contract, including but not limited to damages for lost rent due to Applicant's breach of Lease. Applicant, Owner and MPM agree these administrative costs are a reasonable forecast of the expenses incurred as a result of Applicant's failure to occupy the apartment and in no event will be considered a penalty. All parties agree this sum is an enforceable liquidated damage amount. If the Applicant is approved, the holding deposit will be applied to the deposit upon commencement of the lease.

The facts set forth in my Application are true and complete. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation of credit agencies or bureaus of your choice.

Resident Signature: _____

Date



Spouse Signature: _____

Date

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Last Name	First Name	Middle/Maiden	Suffix
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ADDITIONAL ADDRESS INFORMATION

Previous Address 1

Street Address	Apt #	City	State	Zip
Home Phone	Work Phone	E-mail		
Landlord / Mortgage Name	Phone #	Dates: From	To	

Previous Address 2

Street Address	Apt #	City	State	Zip
Home Phone	Work Phone	E-mail		
Landlord / Mortgage Name	Phone #	Dates: From	To	

Previous Address 3

Street Address	Apt #	City	State	Zip
Home Phone	Work Phone	E-mail		
Landlord / Mortgage Name	Phone #	Dates: From	To	

Previous Address 4

Street Address	Apt #	City	State	Zip
Home Phone	Work Phone	E-mail		
Landlord / Mortgage Name	Phone #	Dates: From	To	

FOR OFFICE USE ONLY

Notes: _____

Leasing Agent _____

Submitted to Quick Check By _____

Date: _____

Time: _____

Faxed to Resident Data by _____

Attach confirmation from fax machine to back of application

Date: _____

Time: _____

