

**LAND CONTRACT APPLICATION**

Please send completed applications with pay stubs and state issued ID to [applications@trademarkpropertiesmi.com](mailto:applications@trademarkpropertiesmi.com) or fax to: 866-261-0191

Address of Property: \_\_\_\_\_ When would you like to close? \_\_\_\_\_  
 Agent you are working with: \_\_\_\_\_ Agent's Phone: \_\_\_\_\_

**COMPLETE THIS INFORMATION ABOUT YOURSELF**

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ cell - home - work Preferred contact method: \_\_\_\_\_ Email or Phone \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Drivers license #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long at this address: \_\_\_\_\_ Current payment: \_\_\_\_\_ Reason for moving: \_\_\_\_\_  
 Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 If less than 2 years at current address please list prior address(s)  
 Previous address: \_\_\_\_\_ Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 How long at address: \_\_\_\_\_ Rental amount: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

**COMPLETE THIS INFORMATION ABOUT YOUR CO-APPLICANT**

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ cell - home - work Preferred contact method: \_\_\_\_\_ Email or Phone \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Drivers license #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long at this address: \_\_\_\_\_ Current payment: \_\_\_\_\_ Reason for moving: \_\_\_\_\_  
 Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 If less than 2 years at current address please list prior address(s)  
 Previous address: \_\_\_\_\_ Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 How long at address: \_\_\_\_\_ Rental amount: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

**COMPLETE THIS INFORMATION ABOUT YOURSELF AND CO-APPLICANT (IF APPLICABLE)**

**EMPLOYMENT**

Applicant's Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Type of employment: full time / part time / contractor / self employed Wage: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Length of time at employer: \_\_\_\_\_ Gross monthly pay: \_\_\_\_\_  
Other sources of income (list type and monthly amount: \_\_\_\_\_  
\_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Type of employment: full time / part time / contractor / self employed Wage: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Length of time at employer: \_\_\_\_\_ Gross monthly pay: \_\_\_\_\_  
Other sources of income (list type and monthly amount: \_\_\_\_\_  
\_\_\_\_\_

**FUNDS AVAILABLE (RESERVES, SAVINGS, ETC)**

Institution: \_\_\_\_\_ Balance: \_\_\_\_\_ Type of account: \_\_\_\_\_  
Institution: \_\_\_\_\_ Balance: \_\_\_\_\_ Type of account: \_\_\_\_\_  
Is the entire security deposit available now: \_\_\_\_\_ If not when: \_\_\_\_\_

**APPLICANT QUESTIONNAIRE**

|   |     |    |
|---|-----|----|
| Has applicant(s) ever been sued for bills                             | Yes | No |
| Has applicant(s) declared bankruptcy                                  | Yes | No |
| Has applicant(s) ever been locked out of their residence by a sheriff | Yes | No |

If any answers to questions above are yes explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Applicants(s) hereby consent that the Landlord or his/her Agent is authorized to order credit reports, criminal background checks, and any other reasonable tenant screening reports from third party providers. The Applicants(s) also authorize the Landlord or his/her Agent to contact past and present employers, landlords, creditors, and/or neighbors to verify employment, income, rent payment history, cleanliness and any other relevant inquires as to the Applicants(s) likelihood to make regular, timely rent payments and treat the Leased Premises with care and respect.

Applicants(s) is/are providing a signed and completed Rental Application form for each adult Applicants(s) along with this Authorization for Background Screening form. Applicant(s) are also aware that to perform such screening will require a \$35 application fee that is non-refundable, even if application is denied.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**

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