

Credit and Reference Authorization

Leaseholder Credit

Last Name	Firs	st	Initial	
Present Address Zip		City	State	
Social Security Number	er			
Spouse: Full Name		Social Security N	umber	
Completed by office personnel only:				
Leaseholder Employment Verification				
Date Received	Source	Length		
Confirmed By	Wage Verifica	ation		
Additional Comments				
Leaseholder Landlord Reference				
Date Verified	F	Person verified with		
Length	Rental Rate	Would rent again		

Additional Comments

I/We understand that Frankel Management will review my/our personal credit, landlord reference, and employment history as well as my/our rental application.

Applicant Signature	Date
Applicant Signature	Date
Manager Signature	Date

PLEASE PRINT, SIGN & DATE AND FAX TO 517-482-5473 Thank You!