

Security Deposit: Date _____ Amount _____ Check # _____
Administration Fee: Date _____ Amount _____ Check # _____

Parent Guaranty: Date: _____

Maslanka Properties Tenant Application Form

Today's Date: _____ Address of Rental Unit: _____

Name _____

Current Address _____ Apt# _____

City _____ State _____ Zip Code _____

Permanent Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Permanent Phone (Home) _____

Social Security Number _____ Birth Date _____

Email Address _____ Expected Graduation Date _____

Present Employer _____ Phone _____

Parent/Guardian Information

Dad _____ Phone _____ Email _____

Mom _____ Phone _____ Email _____

Please list the last two places of residency:

Name of Place	Address	Dates of Tenancy	Phone #
1) _____	_____	_____	_____
2) _____	_____	_____	_____

*Applicant gives owner authority to run credit report or to check the above references.

Please return A.S.A.P. to Scott (269) 251-1600 or email to scottmaslanka@gmail.com Checks are made payable to Scott Maslanka. Mailing address is P.O. Box 36, Schoolcraft, MI 49087.

Signature _____ Date _____