



Key Vista MHC

1800 West Main Street, Lowell, Michigan 49331

Phone: 616.897.8427

Fax: 616.897.4187

Email: keyvista@fhmanagement.com

***** A \$35.00 Application fee per applicant is required BEFORE the application can be processed.**

***** Application Fee must be paid in certified funds*****

APPLICATION REQUIREMENTS

All Adults (age 18 or older) living in the home must provide the following:

1. Application must be filled out completely.

Leave no space blank, if it does not apply, please note that on the application.

2. Provide Verification of Income and Employment. *

** Verification of income consists of: 2 recent pay stubs | retirement statement | Social Security | investments | income documentation from any applicant claiming income.*

** If applicable, employment requirements consist of a minimum of 6 months either at the same employer, or 6 months in the same field of work.*

3. Copy of Valid Driver's License | State I.D. Card | Passport

4. Copy of Social Security Card

Email us at:

keyvista@fhmanagement.com

PRIMARY APPLICANT INFORMATION

First Name: _____ Last Name: _____ Middle Name: _____

Have you had another legal name? No Yes, _____

Social Security #: _____ Birth Date: ___/___/____ DL/ID Number: _____

Phone#: (____) _____ Email Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Rent or Own: _____ Monthly Payment/Rent: \$ _____ How long? _____ (yrs./mos.)

If residing at present address for less than two (2) years, complete the following:

Previous Address: _____

City: _____ State: _____ Zip: _____

Rent or Own: _____ Monthly Payment/Rent: \$ _____ How long? _____ (yrs./mos.)

Have you ever been convicted of a crime? No Yes, _____
(details, use separate paper if necessary)

Pet: Dog Cat Other Breed: _____ Age of Pet: _____ None

Employment/Income Information*

Current Employer: _____ Position: _____

Supervisor Name: _____ Employer Phone #: (____) _____

Employer Address: _____

City: _____ State: _____ Zip: _____

How long have you been employed with current employer? _____ (yrs./mos.)

Gross Annual Income (Yearly Income): _____

Additional Source of Income (Child Support, Annuity, Alimony, etc.): _____

*Must Provide Verification of Employment/Income. Unemployment is not an accepted form of income.

Additional Source Gross Annual Income (Yearly Income): _____

CO-APPLICANT INFORMATION

First Name: _____ Last Name: _____ Middle Name: _____

Have you had another legal name? No Yes, _____

Social Security #: _____ Birth Date: ___/___/____ DL/ID Number: _____

Phone#: (____) _____ Email Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Rent or Own: _____ Monthly Payment/Rent: \$ _____ How long? _____ (yrs./mos.)

If residing at present address for less than two (2) years, complete the following:

Previous Address: _____

City: _____ State: _____ Zip: _____

Rent or Own: _____ Monthly Payment/Rent: \$ _____ How long? _____ (yrs./mos.)

Have you ever been convicted of a crime? No Yes, _____

(details, use separate paper if necessary)

Pet: Dog Cat Other Breed: _____ Age of Pet: _____ None

Employment/Income Information*

Current Employer: _____ Position: _____

Supervisor Name: _____ Employer Phone #: (____) _____

Employer Address: _____

City: _____ State: _____ Zip: _____

How long have you been employed with current employer? _____ (yrs./mos.)

Gross Annual Income (Yearly Income): _____

Additional Source of Income (Child Support, Annuity, Alimony, etc.*): _____

*Must Provide Verification of Employment/Income. Unemployment is not an accepted form of income.

Additional Source Gross Annual Income (Yearly Income): _____

Emergency Contact Information

Full Name of Person NOT living with you: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship to you: _____

References

Full Name: _____ Phone: (____) _____

Address: _____

Full Name: _____ Phone: (____) _____

Address: _____

Full Name: _____ Phone: (____) _____

Address: _____

Occupants

All adult occupants must complete the Occupant Application.

Will you have additional adult occupants?

No Yes

Authorization

I/We authorize First Holding Management Company and its affiliates to obtain my/our credit report, employment, court records and other information necessary to live in one of their communities. A photo copy of this application may be used to obtain this information. Any false information in the application may lead to the rejection of this application or the termination of lease.

*\$50.00 RETURNED CHECK FEE - In the event that this application for lease is executed by more than one person, the liability of all persons signing shall be joint and several.

Signature of Primary Applicant: _____ Date: ___ / ___ / ___

Signature of Co-Applicant: _____ Date: ___ / ___ / ___