

## Credit and Reference Authorization

Leaseholder Credit

Last Name	Fi	rst Init	ial			
Present Address Zip		City	State			
Social Security Nur	mber					
Spouse: Full Name	Social Security Number					
Completed by office	e personnel only:					
Leaseholder En	nployment Verifica	ation				
Date Received	Source	Length				
Confirmed By	Wage Verification					
Additional Comme	nts					
Leaseholder La	ndlord Reference					
Date Verified	Person verified with					
Length	Rental Rate	Would rent again				
Additional Comme	nts					
	at Frankel Manageme as well as my/our rer	nt will review my/our personal cre	dit, landlord reference, and			
Applicant Signa	ture		Date			
Applicant Signa	ture	Date				
Manager Signature			Date			
	DI EACE DOINT O	ICN 8 DATE AND EAV TO 724 6	265 2254			

PLEASE PRINT, SIGN & DATE AND FAX TO 734-665-2354 Thank You!