

# eJensen Rental Properties

## Rental Application - Ann Arbor

Eric Jensen | 529 Anderson Ave. | Rockville, MD 20850 | [ejensenrentals@gmail.com](mailto:ejensenrentals@gmail.com) | (240) 447-6944  
[ejensenrentals.com](http://ejensenrentals.com)

Send a completed application with a \$50 non-refundable application fee to Eric Jensen. Email the completed application to [ejensenrentals@gmail.com](mailto:ejensenrentals@gmail.com). Venmo the application fee to **@Eric-Jensen-25**. Each occupant must complete a separate application with a separate application fee. Venmo is the preferred payment method.

<b>Property Location</b> <i>(All rental properties are non-smoking facilities)</i>		
Address		
<b>Applicant Information</b>		
Name		Today's Date
Cell phone	Date of birth	
E-mail		
Driver's License		State issued
U of M Student <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undergrad <input type="checkbox"/> Graduate Student <input type="checkbox"/> PhD <input type="checkbox"/> N/A		
Preferred communication method(s) <i>(mark all that apply)</i> : <input type="checkbox"/> Email <input type="checkbox"/> Cell phone <input type="checkbox"/> Text		
<b>Current address</b>		
City	State	Zip
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent	How long?
If renting, present property manager		Phone
<b>Previous address</b>		
City	State	Zip
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent	How long?
<b>Permanent address</b>		
City	State	Zip
<b>Proposed Occupants</b> <i>(Each occupant must complete a separate application)</i>		
Name	Relationship	Age

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Name	Relationship	Age
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<b>Vehicle(s) Information</b>		
Will you need a parking space? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Not all properties have on-site parking available)</i>		
Year	Make	Model
Color	Tag #	State
<b>Employment Information</b>		
Current employer		
Employer address		How long?
Phone	E-mail	
City	State	Zip
Position	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Annual Income
<b>Emergency Contact</b>		
Name of a person not residing with you		
Address		
City	State	ZIP Phone
Relationship		
<b>Applicant's Parents</b>		
<b>Mother</b>		<b>Father</b>
Address		Address
City, State, Zip		City, State, Zip
Cell Phone		Cell Phone
E-mail		E-mail
<b>I authorize the verification of the information provided on this form including credit, employment and current address. I have received a copy of this application. I agree to pay the nonrefundable application and administration fee of \$50.</b>		
Applicant Signature		Date