



SRK Realty & Management Co, Inc.

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LEASE APPLICATION

APPLICANT #1

NAME		(H#)		(W#)		CELL	
ADDRESS		CITY		STATE		ZIP CODE	
EMAIL	COMPANY NAME OR D/B/A						
SSN#		TAX ID		DOB		TITLE	
DRIVERS L #							

APPLICANT #2

NAME		(H#)		(W#)		CELL	
ADDRESS		CITY		STATE		ZIP CODE	
EMAIL	COMPANY NAME OR D/B/A						
SSN#		TAX ID		DOB		TITLE	
DRIVERS L #							

APPLICANT #3

NAME		(H#)		(W#)		CELL	
ADDRESS		CITY		STATE		ZIP CODE	
EMAIL	COMPANY NAME OR D/B/A						
SSN#		TAX ID		DOB		TITLE	
DRIVERS L #							

REFERRED BY		SIGNATURE: X	
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All information set forth in this application and accompanying financial statemes & tax returns are declared to be a true representation of the facts, made for this purpose of obtaining a lease.

I authorize SRK Management Co Inc to make further credit inquires, as it deems necessary.

PLEASE INCLUDE WITH ALL APPLICATIONS A COPY OF:

DRIVER'S LICENSE

LAST YRS TAX RETURN