



Key Heights Village
 11335 E. Fulton
 Lowell, Michigan 49331
 Phone: 616.897.9749
 Fax: 616.897.9959

GUARANTOR 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)

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): _____

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.

Signature of Guarantor: _____ Date: ___/___/___