



Key Heights Village

11335 E. Fulton, Lowell, Michigan 49331

Phone: 616.897.9749

Fax: 616.897.9959

OCCUPANT 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

***Occupant Information must be completed for all adults (age 18 or older).**

Authorization

I authorize First Holding Management Company and its affiliates to obtain court/criminal 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.

*\$37.00 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 Occupant Applicant: _____ Date: ___/___/___