

APPLICATION FOR LEASE

820 FULLER LLC
2440 W Stadium Blvd
Ann Arbor, MI 48103
Tel (248)996-7524
Fax (734)302-7831
A2management@comcast.net

Name of Applicant

First M. Initial Last Birth Date

E-mail Address Social Security Number Telephone Number

Current Address

No. Street City State Zip Code

Credit Reference/Landlord Name Address Telephone Number

Home Address

No. Street City State Zip Code

The Undersigned makes application to rent housing accommodation designated as 820 Fuller, Apt No._____,
Ann Arbor, Michigan, 48104, a total month rent of \$_____, security deposit of \$_____, to
commence on the date of _____ and terminate on the date of _____.

Applicant declares that statements made above are true and correct and hereby authorizes verification of
reference. Possession of the above described premises will not be given to the applicant until the application is
approved by the Apartment Manager, Sy Berman.

Signature Date