

# *Open Doors Property Management Inc*

23636 MICHIGAN AVE, STE 539  
DEARBORN, MI 48124  
PH: 1-800-423-1368 EXT 105 OR 404-579-4305  
FAX: 1800-423-1586  
EMAIL: RENTALS@NESSUSA.COM  
WWW.JAIPM.COM

## **ATTENTION PROSPECTIVE TENANT!**

**IN ORDER TO PROCESS YOUR APPLICATION WE NEED TO GET SOME DOCUMENTS FROM YOU:**

- 1. PAY STUBS OR PROOF OF PAYMENT. IF YOU ARE SELF EMPLOYED WE NEED YOUR 1099 SHOWING ANNUAL INCOME. IF YOU ARE W-2 YOUR MOST RECENT TWO PAY STUBS WILL SUFFICE. AWARD LETTER IF YOU ARE RETIRED OR RECEIVE SOCIAL SECURITY.**
- 2. COPY OF VALID ID OR PASSPORT AND SOCIAL SECURITY CARD.**
- 3. COPY OF A POWER /WATER/GAS BILL IN YOUR NAME OR ANY MAIL.**
- 4. APPLICATION FEE \$ 20.00 FOR 1<sup>ST</sup> APPLICANT \$ 15.00 FOR ANY OTHER APPLICANTS OVER AGE 18 (NON REFUNDABLE) SEE ATTACHED CC FORM FOR THE PAYMENT.**

**APPLICATION MAY BE FAXED TO 1800.423.1586  
EMAIL TO RENTALS@NESUSA.COM**

**PLEASE NOTE THAT AFTER THE APPROVAL OF YOUR APPLICATION YOU WILL NEED TO CALL TO SCHEDULE A LEASE SIGNING DATE. PLEASE NOTE THAT THE LEASE SIGNING DATE CANNOT BE DONE SAME DAY. PLEASE ALLOW 48 HRS AFTER YOU HAVE BEEN APPROVED TO SIGN YOUR LEASE.**

**WE WILL NOT START PROCESSING YOUR  
APPLICATION UNLESS WE RECEIVE THIS.**

# Open Doors Property Management Inc

Property Address Applying For: \_\_\_\_\_

Application Date: ____/____/____		APPLICATION NUMBER or ID		Equal Housing Opportunity	
<b>APPLICANT INFORMATION</b>					
LEGAL NAME OF APPLICANT – FIRST		Last		MIDDLE	
CURRENT ADDRESS		CITY		STATE and ZIP	
EMAIL ADDRESS					
DATE OF BIRTH	OCCUPATION – Full or Part Time	YEARLY INCOME	CELL PHONE	HOME PHONE	
EMPLOYER			EMPLOYER ADDRESS		
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	IN CASE OF EMERGENCY NOTIFY			
CURRENT LANDLORD	LANDLORD PHONE / FAX #	YEARS WITH LANDLORD	LEASE EXPIRATION DATE		
CURRENT RENT	AUTO LIC PLATE	PETS? IF YES, WHAT KIND	HOW MANY and SIZE		
<b>CO - APPLICANT INFORMATION</b>					
NAME OF CO APPLICANT – FIRST		Last		MIDDLE	
CURRENT ADDRESS		CITY		STATE and ZIP	
DATE OF BIRTH	OCCUPATION	YEARLY INCOME	HOME PHONE	CELL PHONE	
EMPLOYER			EMPLOYER ADDRESS		
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	IN CASE OF EMERGENCY NOTIFY			
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD	LEASE EXPIRATION DATE		
CURRENT RENT:	AUTO LIC PLATE	PETS? IF YES, WHAT KIND	HOW MANY and SIZE		
<b>APPLICANT'S REFERENCES (OTHER THAN RELATIVES)</b>					
NAME		Address		PHONE	
1.					
2.					
<b>CO-APPLICANTS REFERENCES</b>					
1.					
2.					
<b>APPLICANT'S BANK REFERENCES</b>					
CHECKING					
SAVINGS.					



**AUTHORIZATION**  
**Release of Information**

I authorize an investigation of my credit, tenant history, criminal background, banking and employment for the purposes of renting a house, apartment, or condominium from this owner, manager, brokerage, finder, agent or leasing company

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CREDIT CARD AUTHORIZATION FORM

CREDIT CARD & CARDHOLDER INFORMATION			
NAME EXACTLY AS IT APPEARS ON CARD			
BILLING ADDRESS: STREET		APT/SUITE	
CITY	STATE	ZIP	PHONE
<b>MasterCard</b> _____ <b>Visa</b> _____ <b>AMEX</b> _____ <b>Discover</b> _____			
<b>Card Number:</b> _____ - _____ - _____ - _____ <b>Exp Date:</b> _____/_____			
<b>Amount Charged:</b> _____ <b>Date of Transaction:</b> _____			
<b>IMPORTANT</b>			
If you intend for another individual to make payments using your credit card information, you must give them authorization on this form. Please list names of those individuals that are authorized to use your credit cards as payment for service. No other individuals will be allowed to request that these credit cards be used for payments.			
<b>Authorized user's name:</b> _____			
The undersigned hereby declares that the credit information listed is true, accurate and appears in the name as stated and authorization is hereby given to the above individuals to use this card for services from _____. I authorize my credit card company to accept and to charge my account for purchases initiated by the above named individuals. This authorization allows _____ to use this information and such information shall remain in full force and affect unless I revoke such authorization in writing.			
Signature of Card Holder	Print Name	Date	
Additional terms and conditions of this agreement:          <div style="text-align: right; margin-top: 20px;"> <b>Cardholder Initials Here:</b> _____           </div>			