

Welcome to Golfside Apartments

Credit and Reference Authorization

Leaseholder Credit

Last Name	First	Initial	
Present Address	City	State	
Zip			
Social Security Number			
Spouse: Full Name	Social Security Number		

Completed by office personnel only:

Leaseholder Employment Verification

Date Received	Source	Length
Confirmed By	Wage Verification	

Additional Comments

Leaseholder Landlord Reference

Date Verified	Person verified with	
Length	Rental Rate	Would rent again

Additional Comments

I/We understand that Frankel Management will review my/our personal credit, landlord reference, and employment history as well as my/our rental application.

Applicant Signature	Date
Applicant Signature	Date
Manager Signature	Date

PLEASE PRINT, SIGN & DATE AND FAX TO 734-665-2354
Thank You!

[Golfside Homepage](#)

