

COAST TO COAST HOLDINGS, LLC  
RESIDENTIAL APPLICATION

DATE: 2-15-09

DESIRED MOVE-IN: 2-1-09

NAME: [REDACTED]

CURRENT ADDRESS: [REDACTED]

YEARS AT CURRENT ADDRESS: 3

CURRENT RENTAL RATE: \$763

REASON FOR MOVING: Downsizing

DESIRED NUMBER OF BEDROOMS: 3

DESIRED MONTHLY RENT PAYMENT, IF A RANGE PLEASE  
STATE: \$675

SOCIAL SECURITY NUMBER: [REDACTED]

EMPLOYER: [REDACTED]

ADDRESS: [REDACTED] Detroit, MI 48209

PHONE NUMBER: [REDACTED]

YEARS ON THE JOB: 5

SUPERVISOR'S NAME: [REDACTED]

GROSS MONTHLY PAY: 1700

○ 前住居賃貸屋

△ 高額

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**RESIDENTIAL APPLICATION**

\*if more than one employer please fill out below

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS ON THE JOB: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

GROSS MONTHLY PAY: \_\_\_\_\_

ARE YOU ON ASSISTANCE: NO } 行政/公的補助なしSECTION 8: NOFIA: NODO YOU RECEIVE FOOD STAMPS: NODO YOU RECEIVE CASH ASSISTANCE, IF YES HOW MUCH MONTHLY: NARE YOU OR ANY OF THE PERSON RESIDING IN THE HOUSE RECEIVING DISABILITY: YES

PLEASE INDICATE THE AMOUNT OF DISABILITY RECEIVED BY PERSON: 障害者手当

1) [REDACTED] \$ 799 } 同様の3人

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**CONST TO CONST HOUSING, LLC  
RESIDENTIAL APPLICATION**

ARE YOU CURRENTLY RECEIVING UNEMPLOYMENT BENEFITS: NO

PLEASE STATE THE AMOUNT OF YOUR WEEKLY BENEFITS: \_\_\_\_\_

PLEASE STATE THE AMOUNT OF TOTAL MONTHLY HOUSEHOLD INCOME: \$2500

*( $\frac{\$}{7} \times 1$ )  $\times 2,500 \div 12$*

PLEASE LIST THREE REFERENCES, INCLUDING THEIR PHONE NUMBERS:

1) NAME: [REDACTED] Daughter  
a) number: (313) [REDACTED]

2) NAME: [REDACTED] Cousin  
a) number: (313) [REDACTED]

3) NAME: [REDACTED] Mom  
a) number: (313) [REDACTED]

照会は  
お電話に、  
母親に  
お電話を！

THE UNDERSIGNED HAS MADE STATEMENTS FOR THE PURPOSE OF INDUCING [REDACTED] LLC TO GRANT RESIDENTIAL HOUSING. THE UNDERSIGNED GRANTS [REDACTED], LLC AND ITS ASSOCIATES PERMISSION TO RUN A CREDIT REPORT, CHECK REFERENCES, AND VERIFY INFORMATION CONTAINED WITHIN THIS APPLICATION.

[REDACTED]  
SIGNATURE