



Primary Residence Rental Program Application

Employee Information

Employer

Detroit Medical Center

Henry Ford Health System

Wayne State University

Date of Hire _____

Name

First Initial Last Employee Number

Current Address

Number Street Unit City State Zipcode

Contact

Daytime Phone Evening Phone Email Address

Employer Certification

I, _____ certify on this ____ day of _____, 20__ that the above individual is an eligible employee of _____.

Authorizing Employer Representative Signature Date

Property Pre-Approval

***Attach Copy of Draft Lease**

Address

Number Street Unit City State Zipcode

Housing Type

Single Family Duplex Apartment Loft _____

Beds Baths Lease Rate Square Footage Parking Spaces Household Size

Property Manager Telephone

I, _____ certify on this ____ day of _____, 20__ that the above described property meets eligibility requirements for the Live Midtown program.

Authorizing UCCA Signature Date

P
A
R
T
I

P
A
R
T
2

