

## University Places LLC Lease Application

Please fill out this entire form and return by mail to:

University Places LLC  
321 S. Main St., Suite 323b  
Ann Arbor, MI 48104

**Address of the Property You Want To Lease:** \_\_\_\_\_

**Group Name or Person in Charge of Your Group:** \_\_\_\_\_

**Number of People in Your Group:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Year Graduating:** \_\_\_\_\_

**Current Campus Address:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Home (Parents) Address:** \_\_\_\_\_

**Home Telephone Number (for Emergencies):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**My Parents Will Sign the Co-Sign Form: circle →    Yes    No**