

University Places LLC Lease Application

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

University Places LLC
317 S Division #91
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