



MBG Property Management Rental Application

APPLICANT INFORMATION (Each adult applicant must complete a separate Rental Application)

Applicant (Complete Legal Name): _____
 Date of Birth: _____ Social Security Number: _____ Driver's License Number: _____
 Phone number of Applicant: _____ E-mail address of Applicant: _____

RENTAL HISTORY (Provide 3 years of addresses. Continue on back of application if needed)

Present Address: _____ City: _____ State: _____ Zip: _____
 Landlord Name: _____ Phone Number: _____ E-mail Address: _____
 Dates of Occupancy: From _____ To _____ Amount of Rent Paid: \$ _____ Reason for Leaving: _____
Previous Address: _____ City: _____ State: _____ Zip: _____
 Landlord Name: _____ Phone Number: _____ E-mail Address: _____
 Dates of Occupancy: From _____ To _____ Amount of Rent Paid: \$ _____ Reason for Leaving: _____

ADDITIONAL HOUSEHOLD MEMBERS

Name	Relationship	Name	Relationship	Name	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SOURCE(S) OF INCOME (This section does not need to be completed by project-based section 8 or tax credit applicants)

Current Employer or source of Income: _____ Monthly Income: _____ Hire Date: _____
 Supervisor's Name _____ Phone Number: _____ E-mail Address: _____
 Additional Source of Income: _____ Monthly Amount: _____

STUDENT STATUS: Are you a student? _____ If yes, select enrollment status: Full time _____ Part time _____

AUTO(S): Make: _____ Model: _____ Color: _____ License Plate: _____
 Make: _____ Model: _____ Color: _____ License Plate: _____

*Applicant processing by Rental Research Services, 7525 Mitchell Road, Suite 301, Eden Prairie, MN 55344, 800-328-0333. The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects. I authorize whatever investigation the management considers appropriate. This investigation may include the exchange of information and a report from a credit reporting agency. I authorize the release of housing history from all present and previous landlords, income, and employment history from present or previous employers, and criminal history from all state repositories and/or county criminal courts. This release is valid for this transaction only and continues in effect for one year, unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one year, or as allowed by law.

X _____
 Signature of Applicant Date

FOR OFFICE USE ONLY

Date Application Received: _____

Desired Unit: _____ Move-in Date Desired: _____

Application Processing Fee: Paid Not required (for Project Based Section 8 Properties only)





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Attachment to the Household Initial Application (To Be Completed By All Applicants Collectively)

The following questions pertain to all members of the household that will occupy the unit. Answer each question with a Yes or No and add an explanation if required.

_____ Are you a United States Citizen?

_____ Is any member of the household currently living in, or has previously lived in, a government-subsidized development?

If yes, who and when? _____

Name and location of development _____

_____ Has any member of the household ever lived in a property managed by MBG Property Management?

If yes, which property and when? _____

_____ Has any member of the household has their housing terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification process, drug related or criminal offenses, or for any other reason?

If yes, explain: _____

_____ Do you have sole legal and physical custody of your children?

If not, please explain: _____

_____ Will any household members be temporarily absent from the home?

Name _____

Reason of absence _____

_____ Has any member of the household ever been arrested or convicted of a felony or misdemeanor other than a traffic violation?

_____ Has any household member ever lived in any other state?

If yes, provide the states: _____

_____ Is any member of the household subject to lifetime sex offender registration requirements in any state?

_____ Does any member of the household have a pattern of alcohol abuse that would interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents?

_____ Does any member of the household use illegal drugs or controlled substances?

_____ Has any member of your household previously used different names than the names given on this application?

List of all names previously used: _____

_____ Has any member of the household ever used different social security numbers for the names given on this application?

_____ Is any member of the household currently in the process of filing bankruptcy?

_____ For applicants at Golden Meadows, Marshall Square Apartments, and Kilkenny Court Apartments only: The property is set aside for elderly or disabled households. Does the household claim eligibility because the head-of-household, co-head, or spouse is 62 years or older OR has one or more disabilities?

How did you hear about us? _____

X _____
Applicant Signature Date

X _____
Applicant Signature Date

X _____
Applicant Signature Date

X _____
Applicant Signature Date

