

# RENTAL APPLICATION



Community Code \_\_\_\_\_ Rental Research Code # \_\_\_\_\_  
Community Name \_\_\_\_\_ On-Line to Rental Research \_\_\_\_\_  
Building & Unit # \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Move-In Date \_\_\_\_\_  
Monthly Unit Rent \$ \_\_\_\_\_ Application Processing Fee \_\_\_\_\_  
(APPLICANT PROCESSING FEE IS NON REFUNDABLE.)

Instructions: Each adult applicant must complete a separate application. Complete each field. Insert "N/A" for non-applicable items. Please print clearly.

## APPLICANT INFORMATION

	First Name	Middle Name	Last Name		Suffix
	SSN or ITIN - -	Date of Birth	Driver's License #	Applicant Type <input type="checkbox"/> Occupant <input type="checkbox"/> Co-Signer	

## RENTAL HISTORY (Most recent three-year rental history required. Attach additional pages as needed.)

Present Address	Street Address		City		State	Zip
	Current Landlord	Monthly Rent \$	Start (MM/YY) /	End (MM/YY) /	Phone ( )	
Previous Address	Street Address		City		State	Zip
	Previous Landlord	Monthly Rent \$	Start (MM/YY) /	End (MM/YY) /	Phone ( )	
Previous Address	Street Address		City		State	Zip
	Previous Landlord	Monthly Rent \$	Start (MM/YY) /	End (MM/YY) /	Phone ( )	

## EMPLOYMENT INCOME (All income must be verifiable.)

Current Source of Income #1	Employer	Status <input type="checkbox"/> FT <input type="checkbox"/> PT	Hours Per Week	Pay Rate \$	Position	Phone ( )
	Full Address			Supervisor's Name		Start Date
Current Source of Income #2	Employer	Status <input type="checkbox"/> FT <input type="checkbox"/> PT	Hours Per Week	Pay Rate \$	Position	Phone ( )
	Full Address			Supervisor's Name		Start Date

## ADDITIONAL SOURCES OF INCOME

(e.g. Assistance, Disability, Support, Loans)	Source	Amount	Phone ( )
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## AUTO(S)

Auto # 1	Make & Model	Year	License Plate #	Color
Auto # 2	Make & Model	Year	License Plate #	Color

## ANIMAL(S)

Do you have animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate type and count below. Cat(s) # _____ Dog(s) # _____ Other: _____ # _____		
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## EMERGENCY CONTACT

	Emergency Contact		Phone ( )	
	Street Address	City	State	Zip

## UNIT OCCUPANTS

List all persons who will be occupying the unit.	Legal Name	Relationship to Applicant	Birth Date	Legal Name	Relationship to Applicant	Birth Date
	1.	Self		4.		
	2.			5.		
	3.			6.		

The State of Minnesota prohibits discrimination in housing, and this form has been reviewed by Minnesota Department of Human Rights, the Minnesota Attorney General's office and the Office of Housing and Urban Development. Please list on the back other data which may effect the acceptance of this application. The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects, and I authorize whatever credit investigation you may consider appropriate. This investigation may include the exchange of information and a report from a credit reporting agency and federal and state records of employment and income history, including State Employment Security Agency records. This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law. Application screening services will be provided by Rental Research Services, Inc., 11300 Minnetonka Mills Road, Minnetonka, Minnesota 55305, 1.952.935.5700.

Applicant Signature

Date

Cell Phone #

Work Phone #

Email Address