

RENTAL APPLICATION



DEV. # _____	Rental Research Code # _____
Community _____	Rush Application _____
Bldg./Apt. _____ / _____	(additional \$5 fee)
Move-In Date _____	On-Line to Rental Research: _____
Apt. Rent _____	Date: _____ Time: _____

APPLICATION PROCESSING FEE IS \$ _____ THIS FEE IS NON REFUNDABLE SHOULD THIS APPLICATION FOR RENTAL BE ACCEPTED OR DECLINED.

INSERT "N/A" FOR NON-APPLICABLE ITEMS. ALL ADULT APPLICANTS MUST COMPLETE SEPARATE APPLICATIONS

Name (FULL LEGAL NAME - PLEASE PRINT CLEARLY)	First Name	Middle Name	Last Name	Suffix Jr. / Sr.
	Social Security Number	Date of Birth	Driver's License #	Dependents

RENTAL HISTORY (Minimum most recent three-year rental history required. If required, attach additional page.)

Present Address	Bldg. #	Street Name / Apt. #	City	State	Zip
	Present Landlord/Caretaker		Rent Paid	From (mo/yr)	To (mo/yr)
		\$	/	/	()
Previous Address	Bldg. #	Street Name / Apt. #	City	State	Zip
	Previous Landlord/Caretaker		Rent Paid	From (mo/yr)	To (mo/yr)
		\$	/	/	()
Previous Address	Bldg. #	Street Name / Apt. #	City	State	Zip
	Previous Landlord/Caretaker		Rent Paid	From (mo/yr)	To (mo/yr)
		\$	/	/	()

SOURCE OF INCOME (Employment if employed. All income must be verifiable.)

#1 Source of Income	Employer	<input type="checkbox"/> PT	#HRS	<input type="checkbox"/> FT	Salary	Position	Phone
	Address				Supervisor's Name	How Long?	()
#2 Source of Income	Employer	<input type="checkbox"/> PT	#HRS	<input type="checkbox"/> FT	Salary	Position	Phone
	Address				Supervisor's Name	How Long?	()
Previous Source of	Employer	<input type="checkbox"/> PT	#HRS	<input type="checkbox"/> FT	Salary	Position	Phone
	Address				Supervisor's Name	How Long?	()

ADDITIONAL SOURCES OF INCOME

(i.e. part time job, assistance, disability)	Source	Amount	Phone
			()

BANK ACCOUNT (Indicate branch - Indicate services used)

\$	Name	Account #	Phone	<input type="checkbox"/> Savings
	Address	City	State	<input type="checkbox"/> Checking
			Zip	<input type="checkbox"/> Loan

AUTO(S)

Make	Year	License Plate #	Model & Color
Monthly Payments \$	Paid to Whom		

REFERENCES PETS No Yes Kind: _____

Name of Mother and/or Father	Address	City	State	Zip	Phone
					()
Personal Reference (No Relatives Please)	Address	City	State	Zip	Phone
					()
In Case of Emergency Please Contact	Address	City	State	Zip	Phone
					()

LIST ALL OCCUPANTS	Names	Relationship	Age
1.			
2.			
3.			

LIST ALL OCCUPANTS	Names	Relationship	Age
4.			
5.			
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.

Signature of Applicant _____ Date _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____