

- Resident
- Co-Signer



Applicant Name

Last _____ First _____ Middle _____
 Soc. Sec.# _____ Date Of Birth _____ D.L.# _____
 State _____ US Citizen? Yes No Cell # _____

Co-Applicant Name

Last _____ First _____ Middle _____
 Soc. Sec.# _____ Date Of Birth _____ D.L.# _____
 State _____ US Citizen? Yes No Cell # _____

Other Occupants _____

Automobile:

(1) Year _____ Make _____ Model _____ Color _____ Lic. Plate# _____
 (2) Year _____ Make _____ Model _____ Color _____ Lic. Plate# _____
 Do you have a Pet? Yes No Kind _____ Size _____

Current Address:

Street _____ Apt. # _____
 City _____ State _____ Zip _____ Home Phone _____
 How Long _____ Monthly Payment _____
 Building/Mgmt. or Mortgage Co. Name _____ Phone _____

Previous Address:

Street _____ Apt. # _____
 City _____ State _____ Zip _____ Home Phone _____
 How Long _____ Monthly Payment _____
 Building/Mgmt. or Mortgage Co. Name _____ Phone _____

Have you ever been evicted from tenancy or had an Unlawful Detainer Served on you? Yes No

If yes, please give the details _____

SOURCE OF INCOME

Applicant's Employer _____ Position _____
 Address _____ City _____ State _____ Zip _____
 How Long _____ Work Phone _____ Yearly Salary \$ _____
 Supervisor's Name _____ Phone _____

Spouse's Employer _____ Position _____
 Address _____ City _____ State _____ Zip _____
 How Long _____ Work Phone _____ Yearly Salary \$ _____
 Supervisor's Name _____ Phone _____

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ADDITIONAL SOURCE(S) OF INCOME (SPECIFY BELOW)

\$ PER MONTH

This application is taken subject to approval of the owner and/or managing agent. Applicant and Management agree to the following terms regarding this application and included Statement of Rental Policy:

1. If the information provided by Applicant is verified to Management's satisfaction and Applicant has an acceptable rental and credit history. Management agrees to rent the apartment applied for to the Applicant. Management will notify the applicant within seven (7) business days whether or not Applicant has been accepted. **Note: Out of State Criminal Background checks could extend acceptance/notification process past 7 days.**
2. If accepted, Applicant agrees to enter into rental agreement applied for within one (1) business day of being notified of acceptance.
3. If Applicant, after being accepted, fails to enter into a rental agreement as provided in paragraph 2 (above), Management will retain all of the security deposit as reimbursement for any rent lost due to Applicant's failure to enter into the rental agreement.
4. If Applicant is not accepted for residency, the security deposit will be returned as provided in paragraph 5 (below).
5. The security deposit will be returned to Applicant within seven (7) days of the occurrence of one (1) of the following circumstances and verification that the check is good.
 - Notification that the Applicant is not accepted for residency.
 - If your application is rejected for any reason other than listed on the Statement of Rental Policy form, you are entitled to the return of your application fee within one business day. Please choose one of the following options of return:

- a) By mail to: _____
- b) Destroy
- c) Hold for 24 hours for retrieval by applicant

I authorize Multi-Housing Credit Control to investigate my criminal history, residential history, employment and income history, bank and credit history for the purpose of housing and or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. This authorization is for this transaction only and continues 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. If there are questions regarding information received from your credit report, please contact:

Multihousing Credit Control, 10125 Crosstown Circle #100, Eden Prairie, MN 55344 1-800-328-6205

By: _____ Date: _____
Management

* _____ Date: _____
Applicant 1

* _____ Date: _____
Applicant 2

FOR OFFICE USE ONLY

Monthly Rent \$ _____ Garage \$ _____ Security Deposit \$ _____ Pet Deposit \$ _____
 Apartment No. _____ Garage No. _____ Storage No. _____
 Effective Date of Lease _____ Move-in Date _____ Lease Term _____