



APPLICATION

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ Middle Name _____

Social Security #: _____ Date of Birth: _____ DL State _____ License #: _____

Telephone #: (____) _____ Cell #: (____) _____ Are you a US Citizen? YES NO

Email address: _____

AUTOMOBILE(S)

(1) Year _____ Make _____ Model _____ Color _____ License Plate # _____

(1) Year _____ Make _____ Model _____ Color _____ License Plate # _____

RESIDENTIAL HISTORY

Current Address: _____
House # _____ Street Name _____ City _____ State _____ Zip Code _____

How Long: _____ Months / Years Landlord Phone: (____) _____ Monthly Payment _____

Building Management or Mortgage Co. Name: _____

Previous Address: _____
House # _____ Street Name _____ City _____ State _____ Zip Code _____

How Long: _____ Months / Years Landlord Phone: (____) _____ Monthly Payment _____

Building Management or Mortgage Co. Name: _____

Have you ever been evicted from tenancy or had an Unlawful Detainer or Eviction Action served on you? YES NO

If YES, please give us the details: _____



Applicant's Employer _____ Present Position _____
 Address _____ City _____ State _____ Zip Code _____
 How Long? _____ MONTHS YEARS Work Phone: (_____) _____ Annual Salary \$ _____
 Supervisor's Name _____ Phone: (_____) _____

Second Employer _____ Present Position _____
 Address _____ City _____ State _____ Zip Code _____
 How Long? _____ MONTHS YEARS Work Phone: (_____) _____ Annual Salary \$ _____
 Supervisor's Name _____ Phone: (_____) _____

Do you receive or expect to receive financial support from someone else? YES NO Monthly Amount \$ _____

Are you declared as a dependent on someone else's Federal Income Tax return? YES NO

Additional Source(s) of Income:	Source	Phone #	Amount

This application is taken subject to approval of the owner and/or managing agent.

I/We authorize Rental Housing Reports (RHR) 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 employer; 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: RHR, 7900 78th Street, #400, Edina, MN 55439 Their telephone number is (888) 389-4023.

 Print Name / Applicant

 Signature / Applicant Date

 Print Name / Applicant

 Signature / Applicant Date

