

Rental Application

TODAY'S DATE: _____

APPLICANT (please print clearly)

COMPLETE LEGAL NAME (LAST/FIRST/MIDDLE)

OTHER NAMES USED (married, maiden or nicknames)

BIRTH DATE

SOCIAL SECURITY #

DRIVER'S LICENSE #

STATE

PHONE #

CELL PHONE #

EMAIL ADDRESS

APPLICANT'S PRESENT STREET ADDRESS

APT.#

CITY

STATE

ZIP

MOVE IN DATE

MOVE OUT DATE

PRESENT LANDLORD NAME

PHONE #

MONTHLY RENT

\$

-

PREVIOUS ADDRESS (past 10 years)

APT.#

CITY

STATE

ZIP

MOVE IN DATE

MOVE OUT DATE

PREVIOUS LANDLORD NAME

PHONE #

MONTHLY RENT

\$

-

MONTHLY INCOME

SOURCE OF INCOME (employer if employed)

START DATE

END DATE

MONTHLY INCOME

\$

-

ADDRESS

SUPERVISOR'S NAME

PHONE #

FAX #

ADDITIONAL/PREVIOUS EMPLOYER NAME (if any)

START DATE

END DATE

MONTHLY INCOME

\$

-

ADDRESS

SUPERVISOR'S NAME

PHONE #

FAX #

OTHER SOURCES OF INCOME (assistance, part time job, etc.)

SOURCE

START DATE

END DATE

MONTHLY INCOME

\$

-

CONTACT PERSON

PHONE #

FAX #

LIST ALL OCCUPANTS FULL LEGAL NAME AND BIRTH DATE

NAME

BIRTH DATE

NAME

BIRTH DATE

NAME

BIRTH DATE

NAME

BIRTH DATE

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE # + EMAIL

NEAREST RELATIVE NAME:

NEAREST RELATIVE PHONE # + EMAIL

I/We authorize the above named company to do a complete investigation of all information provided within my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: Credit Report, Verification of Employment and Income, Criminal Record Search, Rental History References (including MPHA), Unlawful Detainer/Eviction Investigation, Identity Trace, Sex Offender Search, Terrorism Search, Check Writing History, and Personal Interviews with all provided references. 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 as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I understand that I/We have a right to make a written request within 60 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter Federal and State records of employment and income history, including State Employment Security Agency records. This authorization 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.

APPLICANT SIGNATURE

DATE

I understand that if my rental application is approved, I am required to obtain and give management a copy of my Renter's Insurance Declaration Page prior to move in.

This application information was verified by Rental History Reports, 701 5th Street South, Hopkins, MN 55343

MANAGEMENT MUST COMPLETE

ADDRESS

APT.# OR TH#

CITY

SALES NAME

MONTHLY RENT \$

PET DEPOSIT \$

PET RENT \$

GARAGE \$

OTHER \$

TOTAL MONTHLY \$

\$

-

\$

-

\$

-

\$

-

\$

-

LEASE DATES

MOVE-IN DATE

REFERRED BY

FROM:

TO:

Kingsway Retirement Living | 815 W Main Street, Belle Plaine, MN | 952-873-5900

