APPLICATION FOR RENTAL OCCUPANCY

Applicant's Signature .



Rental History Reports 7900 W 78th Street, Suite 400, Edina, MN 55439 Phone (952) 545-3953 | Fax (952) 545-3973 www.RentalHistoryReports.com

REQUESTED PROPER		_											
Address						City, State Zip							
Unit Size (Number of Bedrooms)					Deposit Amount				Desired Move-In Date				
PRIMARY APPLICANT													
Full Name Dat			Date of Birth			Social Security #			Di	Drivers License #			
Present Address Ap			xpt #			Primary Phone			Al	Alternate Phone			
City, State Zip						Moved In				Moved Out			
Present Landlord/Caretaker						Caretaker's Phone				Rent Paid			
Reason For Leaving Present Address						Email Address:							
Previous Address Apt			t #										
City, State Zip						Moved In			М	Moved Out			
Previous Landlord/Caretaker						Caretaker's Phone				Rent Paid			
SOURCE OF INCOME	EMPLOYMENT IF	MPLO	YED)									
Present Employer			Salary (monthly)			Start Date					End Date		
Position			Supervisor's Name			I			Phone		Phone	Phone	
Previous Employer			Salary (monthly)			Start Date				End Da		e	
Position				upervisor's Name						Phone			
ADDITIONAL INCOME													
						t (monthly)				ification Phone			
Source Amoun						t (monthly) Verifi				ification Phone			
EMERGENCY CONTAC	<u></u>												
Emergency Contact Name						Address	Phone #			Email		Email	
Name of Nearest Relative						Address	Phone #					Email	
LIST ALL ADDITIONAL	OCCUPANTS												
Name Ag			le			Relationship							
Name Ag			e			Relationship							
ADDITIONAL INFORMA	ATION												
Ever filed bankruptcy? Ever refused to pay rent when			Lue? Ever been evicted?			Ever been convicted of a criminal offense other that traffic violation?			r than a	Do you or does any member of your household smoke?			
Do you have any pets?			If yes, describe Pets										
Auto Make/Model #1			Auto License Plate Number #1			Driver's Lic				cense State/#			
Auto Make/Model #2			ıto Lic	ense Plate Number #2		<u> </u>							
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