

Area for Office Use Only			MB MANAGEMENT 1000 LYN WAY HASTINGS MN. 55033 Ph: 651-437-1290 Fax: 651-437-8465		
Apartment Name:					
Rent	Unit	Date from	App. Fee	Deposit	Agent.

RESIDENTIAL HISTORY

Applicants Name (Last)		First	Middle	Date of Birth	
Drivers License #		Social Security #	Phone #		
Spouse (if Applicable)		First	Middle	Date of Birth	
Drivers License #		Social Security #	Phone #		
Present Address			City	State	Zip
Unit #	From	To	Rent \$	Landlord	Phone #
Previous Address			City	State	Zip
Unit #	From	To	Rent \$	Landlord	Phone #

EMPLOYMENT HISTORY

Present Employer		Phone #	Position	Since	Salary
Address		Part or Full Time		Supervisor	
Previous Employer		Phone	Position	From	To
Address		Part or Full Time		Supervisor	
Spouse Present Employer		Phone	Position	Since	Salary
Address		Part or Full Time		Supervisor	
Previous Employer		Phone	Position	From	To
Address		Part or Full Time		Supervisor	
Other Income		Phone	Amt./Mo.	Supervisor	

FINANCIAL HISTORY

Bank Name		Phone	Acct. #	Type of Account
Address		City	State	Zip

EMERGENCY CONTACTS

Name of Nearest Relative	Address	Phone
Name of Friend	Address	Phone
Have you ever: Filed for Bankruptcy?	Been Evicted?	Refused to pay rent?
Applicant certifies that the statements contained in this application are true, accurate and complete to the best of his/her knowledge. Applicant hereby authorizes whatever credit investigation; release and exchange of information Owner or Owner's agent may consider appropriate. An application Processing Fee may be requested in order to process local/out of state references. The Application Processing Fee is non-refundable should this application be accepted or not. Applicant hereby agrees and understands that: a) IF for any reason Applicant is unable to complete the else applied for, any deposit paid by applicant will be forfeited as follows: Management leasing expense; rent loss of the unit applied for; and re-advertising expense.		
Applicants Signature	Agents Signature	
Spouse's Signature	Date	