

# DAHCOATAH VIEW APARTMENTS

Today's Date \_\_\_\_\_

1601/1605 East Cliff Rd., Burnsville, MN 55337

Rental office phone# 952-890-7120

Fax. # 952-895-0484

## Rental Application

Note: To apply for an apartment you will need to print this application, fill it out, sign the release, and mail or deliver it with a \$30.00 application fee per adult (personal Check or Money Order) to the Dahcotah View Rental Office at 1605 East cliff Rd. apt.# 120 Burnsville, MN 55337

Apartment Size: \_\_\_\_\_

Floor preference: \_\_\_\_\_

**Last Name:**

**First Name:**

**Middle Name:**

Soc. Security No.	Birth Date	Drivers License #	State
	<b>Current Address</b>	<b>Landlord/ Mgt CO./ Tel</b>	
Street		Name:	
City, St, Zip			
Home Phone			
Cell Phone			
Occupancy Dates		Telephone #:	
	<b>Previous Address(At least 2 yrs)</b>	<b>Landlord/ Mgt CO./ Tel</b>	
Street		Name:	
City, St, Zip		Phone:	
<b>Current Employer/ City State</b>		<b>Dates Worked</b>	<b>Monthly Income</b>
		From:	
Phone # ( )		To:	
<b>Previous Employer/ City State</b>		<b>Dates Worked</b>	<b>Monthly Income</b>
		From:	
Phone # ( )		To:	
<b>Emergency Contact:</b>		<b>Address:</b>	<b>Phone #</b>
1)			
2)			
<b>Minor Children</b>		<b>Ages</b>	<b>Pets/ Type</b>

How did you hear about our community? \_\_\_\_\_

### **Signed Release**

I authorize Dahcotah View Apartments to do a complete investigation of all information provided above. I understand the application fee is non-refundable. I understand that failure to complete this form completely and truthfully may result in denial, forfeit of security deposits, and cancellation of Lease. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references and personal interviews with above references. I understand that I have a right to make a written request within 30 days to receive information pertaining to the report, if I am not accepted based on information contained in the report, I authorize the credit report company to provide the credit grantor federal and state records of employment and income history including State Employment Security Agency records. This authorization is for this transaction only and continues for 1 year unless limited by State Law, in which case this authorization continues in effect for the maximum period, not to exceed 1 year allowed by Law.

**I understand that, if notified of acceptance for the apartment, I am unable to move for ANY reason, I will forfeit the initial security deposit.**

**I also understand that there is a possibility that I may be required to pay an additional deposit based on employment, credit and rental history. If I am approved based on this extra deposit, I understand that I will be notified verbally, and I agree to pay the balance by the date required by the Management.**

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Applicant Signature

Date