

IMPORTANT: This application must be filled out completely.
Only one person per application please.

Office Use Only

BUILDING ADDRESS: _____ APT.# _____ REFERRED BY _____
 LEASE DATES: FROM _____ TO _____ MOVE IN DATE: _____ LEASING AGENT _____
 MONTHLY RENT\$ _____ GARAGE\$ _____ DEPOSIT DATE: _____ DEPOSIT AMT.\$ _____
 APPLICATION FEE \$ _____ (fee is non-refundable)

APPLICANT LAST NAME	FIRST	MIDDLE
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HOME PHONE	CELL PHONE	EMPLOYER PHONE
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SOCIAL SECURITY # OR INS #	DATE OF BIRTH	DRIVERS LICENSE # AND STATE:
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PRESENT ADDRESS	CITY	STATE	ZIP
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UNIT #	FROM	TO	RENT \$	LANDLORDPROPERTY NAME & PHONE NUMBER
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PREVIOUS ADDRESS	CITY	STATE	ZIP
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UNIT#	FROM	TO	RENT \$	LANDLORD/PROPERTY NAME & PHONE NUMBER
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PRESENT EMPLOYER	PHONE #	POSITION	DATES
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ADDRESS	PART/FULL TIME	SUPERVISOR	SALARY
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OTHER INCOME/SOURCE	PHONE #	CONTACT	AMOUNT
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ADDITIONAL OCCUPANTS	EMERGENCY CONTACT NAME & NUMBER
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VEHICLE INFORMATION:	LICENSE #	YEAR:	MAKE & MODEL
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Have you filed bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:	Have you ever been evicted or asked to move? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever refused to pay rent? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN CONVICTED OF A GROSS MISDEMEANOR OR FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A LEGAL RIGHT TO BE IN THE UNITED STATES? <input type="checkbox"/> Yes, I am a citizen. <input type="checkbox"/> Yes, I have valid documentation from the U.S. Dept. of Immigration and Naturalization (INS) that allows me to be in the country. <input type="checkbox"/> No
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I authorize Multihousing Credit Control whose address is 10125 Crosstown Circle, Suite #100, Eden Prairie, MN 55344 to investigate my criminal history, residential, 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 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 / We understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Signature _____ Date _____