

RENTAL APPLICATION

PERSONAL	Applicant's Name (Last, First)			Social Security Number			Date of Birth			Driver's License # & State			
	Spouse's full name												
	Additional Applicant Information	Maiden Name						Email Address					
		Cell Phone #											

RESIDENCE HISTORY	Current address (check one) : <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Other - Details:														
	Address			City			State			Zip code		Move in date		Home Phone	
	Landlord/Community				Monthly Payment				Apt #		Move out date		Landlord Phone		
	Previous address (check one) : <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Other - Details:														
	Address			City			State			Zip code		Move in date		Home Phone	
	Landlord/Community				Monthly Payment				Apt #		Move out date		Landlord Phone		

EMPLOYMENT HISTORY	Current Employer		Address			City			State		Phone #			
	Supervisor's name		Supervisor's Phone #			Employment dates			Start:		End:		Monthly income \$	
	Previous Employer		Address			City			State		Phone #			
	Supervisor's name		Supervisor's Phone #			Employment dates			Start:		End:		Monthly income \$	
	Co-Applicant	Employer		Address			City			State		Phone #		
		Supervisor's name		Supervisor's Phone #			Employment dates			Start:		End:		Monthly income \$

Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be induced for qualification.
 Additional Income; Source: _____ Amount: _____ Per: _____

AUTO	Year, Make, Model			Color			License plate number			State		
	Year, Make, Model			Color			License plate number			State		

CONTACT	In case of emergency; please provide us with the following information:											
	Nearest relative			Address			Phone			Relationship		
	Emergency Contact			Address			Phone			Relationship		

Miscellaneous:	For Office Use Only:
Have you ever been EVICTED from any residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit # _____ Term Of Lease _____ Rent \$ _____ Move In Date _____ Security Deposit \$ _____ Application Fee \$ _____
Have you ever been convicted of a FELONY offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant or any occupant listed above have any pending criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Upon signing, the applicant(s) recognize that an investigative report may be prepared whereby information is obtained through interview, credit report, and criminal check. This includes information as to your character, general reputation, credit, and mode of living. This application may be declined as a result of any misrepresentation or insufficient information or as a result of an incomplete application. The applicant(s) appearing below hereby authorize the holder of the application to investigate the above mentioned, and authorizes the release of any and all requested information that the owner or agents deem necessary in determining the status of this application.

Signature of Applicant _____ Date _____ Leasing Agent _____ Date _____

Applications can be emailed to:
 torborgmgmt@gmail.com
 or faxed to 320-230-0256



This management office does not discriminate against any person based on race, color, religion, sexual orientation, national origin, familial status, or disability.