



Residential and Commercial
Property Management

RENTAL APPLICATION

2510 20th Ave. South
Moorhead, MN 56560
Ph: 218-227-0000 Fax: 218-227-0621

RENTAL RESEARCH CODE # _____ COMPLEX _____ DATE SUBMITTED _____ DATE RETURNED _____
 AUTHORIZED USER _____ PHONE _____ TIME SUBMITTED _____ TIME RETURNED _____
 APARTMENT ADDRESS _____ APARTMENT # _____
 DATE OF MOVE IN _____ RENT \$ _____ DEPOSIT \$ _____ PAID CASH CHECK CHECK # _____
 APPLICATION PROCESSING FEE \$ _____ PAID CASH CHECK CHECK # _____

THIS FEE IS NON-REFUNDABLE SHOULD THIS APPLICATION FOR RENTAL BE ACCEPTED OR NOT.
 INSERT "N/A" FOR NON-APPLICABLE ITEMS. ALL APPLICANTS PLEASE COMPLETE SEPARATE APPLICATIONS.

APPLICANT (PLEASE PRINT CLEARLY) Applicant (Complete Legal Name)		Social Security #	Drivers License #	Date of Birth	Home Phone #
Present Address		APT #	City	State	ZIP
Present Landlord or Caretaker Name		Rent Paid	Phone # of Present Landlord () -	Dates of Occupancy From To	
Previous Address		APT #	City	State	ZIP
Previous Landlord or Caretaker Name		Rent Paid	Phone # of Previous Landlord () -	Dates of Occupancy From To	
SOURCE OF INCOME (EMPLOYMENT IF EMPLOYED)					
Current Employer or Income Source			Phone # () -	Dates of Employment From To	
Address		City	State	ZIP	Salary
Position		Supervisor's Name			
Previous Employer or Income Source			Phone # () -	Dates of Employment From To	
Address		City	State	ZIP	Reason for Leaving
ADDITIONAL SOURCES OF INCOME (i.e. PART TIME JOB, ASSISTANCE, DISABILITY)					
Other Income Source Name	Address		City	State	ZIP
Amount	Source Phone # () -				
BANK ACCOUNT (INDICATE BRANCH)			CHECK SERVICES USED		
Name of Bank	Phone # () -		Checking <input type="checkbox"/>	Account # _____	
Address		City	State	ZIP	Savings <input type="checkbox"/>
					Account # _____
					Loan <input type="checkbox"/>
					Account # _____
AUTO(S)					
Make	Year	License Plate #	Model & Color	Monthly Auto Payments (In \$)	Paid To Whom (Even If Paid in Full)
Make	Year	License Plate #	Model & Color	Monthly Auto Payments (In \$)	Paid To Whom (Even If Paid in Full)
REFERENCES					
Name of Father and/or Mother (Applicant)		Address		City	State
				ZIP	Phone # () -
Personal References (No Relatives Please)		Address		City	State
				ZIP	Phone # () -
In Case of Emergency Please Contact		Address		City	State
				ZIP	Phone # () -
CREDIT REFERENCES (BE SPECIFIC)					
Account Name	Address		City	State	ZIP
Account #		List All Occupants (Names)		Relationship	Date of Birth

Application processing by Rental Research Services, Inc., 7525 Mitchell Road, #301, Eden Prairie, Minnesota 55344-1958, (800) 328 0333. The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects. I authorize whatever credit investigation the management considers appropriate. This investigation may include the exchange of information and a report from a credit reporting agency. I authorize the release of housing history from all present or previous landlords, income and employment history from any present or previous employers, and criminal history from all state repositories and/or county criminal courts. This release is valid for this transaction only and continues in effect for one year, unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one year, or as allowed by law.

X

Signature Applicant

Date