|  |
| --- |
| OFFICE USE ONLY COMMUNITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APT # \_\_\_\_\_\_\_ AGENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEASE OPTION: FROM \_\_\_\_\_\_\_\_\_\_\_\_TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOVE IN DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTHLY RENT$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEPOSIT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPOSIT AMT.$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SRI TRANSACTION# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPLICATION FEE $\_30.00 INSTATE 40.00 OUT OF STATE (Fee is non-refundable) (ONE PERSON PER APPLICATION PLEASE)  |
| APPLICANT LAST NAME MAIDEN/PREFIX | FORMAL FIRST NAME: | MIDDLE NAME |
| HOME PHONE  | CELL PHONE  | EMPLOYER PHONE  |
| SOCIAL SECURITY # OR INS # | DATE OF BIRTH  | DRIVERS LICENSE # STATE ISSUED: |
| Street ADDRESS (No PO Boxes) | CITY | STATE | ZIP |
| UNIT # | FROM TO  | RENT $ or Mortgage | LANDLORD/PROPERTY NAME   |
|  | LANDLORD PHONE NUMBER |  | LANDLORD FAX NUMBER  |
| PREVIOUS ADDRESS | CITY  | STATE | ZIP |
| UNIT# | FROM TO | RENT $ or Mortgage | LANDLORD/PROPERTY NAME PHONE NUMBER |
| PRESENT EMPLOYER | PHONE # | POSITION | DATES |
|  | Fax # | Email Address: |  |
| ADDRESS | PART/FULL TIME | SUPERVISOR | Monthly GROSS SALARY  |
| PREVIOUS EMPLOYER | PHONE #Fax# | POSITION | DATES |
| ADDRESS | PART/FULL TIME | SUPERVISOR | Monthly GROSS SALARY |
| OTHER INCOME/SOURCE/Financial Aid/Trusts | PHONE # | CONTACT | AMOUNT per Month |
| 1ST EMERGENCY CONTACT NAME & NUMBER (Next of kin) | 2nd EMERGENCY CONTACT NAME & NUMBER (Next of kin) |
| LIST 2 PERSONAL REFERENCES (NOT RELATIVES):NAME: PHONE #: NAME: PHONE#: |
| NAME OF CHILDREN RESIDING WITH YOU AND AGES: Do you have any pets?  |
| NAME OF MOTHER AND FATHER ADDRESS PHONE#: |
| 1ST VEHICLE MAKE - MODEL - YEAR - COLOR - LIC PLATE 2ND VEHICLE MAKE - MODEL - YEAR - COLOR - LIC PLATE |
| Have you ever filed bankruptcy?* Yes
* No

If yes, please explain: | Have you ever been evicted or asked to move?* Yes
* No

Have you ever refused to pay rent? * Yes
* No
 | Have you ever been convicted of a crime?* Yes
* No

If yes, please explain: | Do you have a legal right to be in the United States?* Yes, I am a US Citizen
* Yes, I have valid documentation from the U.S. Dept. of Immigration and Naturalization (INS) that allows me to be in the country
* No
 |
| Advertising Source: \_\_\_Craigslist \_\_\_Resident Referral \_\_\_Drummer/Wright Journal \_\_\_Building Signs \_\_\_FOR RENT Signs \_\_\_Co Website\_\_\_Crow River News \_\_\_Wright Sherburne Times \_\_\_Sun Press \_\_\_Housing Link.Org \_\_\_County/HRA Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OTHER |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature Date EMAIL ADDRESS** |

|  |
| --- |
| HometownLogo ***6000* Main. St., PO Box 249, Rockford MN 55373 OFFICE: 763-477-3672 FAX: 763-477-9159 Email:propmgr@hometownmanagement.com** |
|  **\_\_** |