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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | | | | | | | | | | | |

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