

**Property Address:** \_\_\_\_\_  
 Unit applying for: \_\_\_\_\_ Date of move in: \_\_\_\_\_ Rent to be paid: \$ \_\_\_\_\_ .00. Lease term: \_\_\_\_\_ Months.  
 Application fee: \$ \_\_\_\_\_ .00. This fee is non-refundable. It is used to check your background. This helps to insure a safe and economically viable community.

**Application for Rental Housing**

**IMPORTANT:** This application must be filled out completely. All employers and landlords must be listed with phone numbers. If we are unable to reach current and prior landlords your application will not be processed. Only one non-married person per application please.

Complete Name (include full middle name) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Spouse's Name (include full middle name) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

**Residential History**

Current Address (include city, state, apartment complex name and apartment number) \_\_\_\_\_ County \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Landlord, Management Company or Owner \_\_\_\_\_ Telephone Number \_\_\_\_\_ Dates of Residence \_\_\_\_\_ Monthly Rental Payment \_\_\_\_\_

Previous Address (include city, state, apartment complex name and apartment number) \_\_\_\_\_ County \_\_\_\_\_

Landlord, Management Company or Owner \_\_\_\_\_ Telephone Number \_\_\_\_\_ Dates of Residence \_\_\_\_\_ Monthly Rental Payment \_\_\_\_\_

**Employment and Banking Information**

**IMPORTANT:** If you are receiving assistance please list below the amount, source and caseworkers name and phone number.

Current Source of Income \_\_\_\_\_ Job Title \_\_\_\_\_ Date of Hire \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Previous Source of Income or Spouse's Income \_\_\_\_\_ Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Additional Source of Income \_\_\_\_\_ Telephone Number \_\_\_\_\_ Amount \_\_\_\_\_ Duration \_\_\_\_\_

Bank Name and Location \_\_\_\_\_ Telephone Number \_\_\_\_\_ Checking or Savings Account No. (please specify which) \_\_\_\_\_

**IMPORTANT:** Falsification of information or intentional omission of information on this application is grounds for denial of housing.

**Additional Information**

Name of person to contact in case of emergency \_\_\_\_\_ Telephone Number \_\_\_\_\_ Address \_\_\_\_\_

List all other intended occupants (first and last names and ages) \_\_\_\_\_

Have you ever lived at any address not listed in the past five years? \_\_\_\_\_ If yes please explain.

Have you been evicted or asked to move in the past five years? \_\_\_\_\_ If yes please explain.

Have you ever been convicted of a gross misdemeanor or felony? \_\_\_\_\_ If yes please explain.

Have you ever filed for Bankruptcy chapter 7 or 13? \_\_\_\_\_ If yes please explain.

I / we represent that the above information is true and correct. I / we understand that Apartment Services Plus, Inc. (ASP), whose office address is 7400 Metro Blvd., Suite 419, Edina, MN 55439 - Telephone: 1-800-825-9592, will conduct an investigation of my / our background(s). I/we authorize and consent to the release of any and all information to ASP Inc. that they may require including credit, employment, residency/rental, banking, criminal and government financial aid information. Such information may be conveyed to ASP by any means of transmission and ASP is further authorized to report such information to its client. I / we hold ASP harmless from any claims for damages resulting from such information. However, ASP agrees to, upon written request, reinvestigate and report any information that I/we claim as false.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

Apartment Services Plus, Inc. complies with all Federal and State equal housing legislation.