



**APPLICATION INFORMATION**

BUILDING # \_\_\_\_\_

APARTMENT # \_\_\_\_\_

**Greater Minnesota Management**  
Tel: 1-800-504-6093

(Unmarried Applicants must complete separate applications)  
(Please Print)

Full Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Sec. No. \_\_\_\_\_  
Spouse's Full Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

Other Occupants: Relationship Birth Date  
Name \_\_\_\_\_  
Name \_\_\_\_\_

Automobile Make, Year (1) \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_  
and License Numbers (2) \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_  
Do you have a waterbed?  Yes  No Do you have a Pet?  Yes  No Kind \_\_\_\_\_ Size \_\_\_\_\_

**RESIDENCE HISTORY**

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How Long \_\_\_\_\_ Home Phone \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Utilities Included?  Yes  No  
Building or Mgmt. Co. Name \_\_\_\_\_ Manager \_\_\_\_\_ Phone \_\_\_\_\_  
Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How Long \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Utilities Included?  Yes  No  
Building or Mgmt. Co. Name \_\_\_\_\_ Manager \_\_\_\_\_ Phone \_\_\_\_\_  
Have you ever been evicted from tenancy or had an Unlawful Detainer served on you?  Yes  No  
Comments \_\_\_\_\_

**SOURCE OF INCOME**

Applicant's Present Monthly How  
Employer \_\_\_\_\_ Position \_\_\_\_\_ Earnings \$ \_\_\_\_\_ Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Spouse's Present Monthly How  
Employer \_\_\_\_\_ Position \_\_\_\_\_ Earnings \$ \_\_\_\_\_ Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL SOURCES OF INCOME (SPECIFY BELOW) PHONE \$ PER MONTH**  
(A) \_\_\_\_\_  
(B) \_\_\_\_\_

**REFERENCES (TYPES TO SPECIFY: SAVINGS, LOANS, CHARGE ACCOUNTS, ETC.)**

Credit References: Name Phone Location Monthly Payment or Balance  
Checking \_\_\_\_\_  
Savings \_\_\_\_\_  
Credit Card \_\_\_\_\_  
Other \_\_\_\_\_  
Have you ever filed for bankruptcy  Yes  No Comments \_\_\_\_\_

**PERSONAL REFERENCES**

Name of Father and/or Mother or Nearest Relative: \_\_\_\_\_  
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 \_\_\_\_\_

**UNDERSTANDINGS:**

1. This application is taken subject to the approval of the owner and/or managing agent.
2. If this application is accepted, I will rent Apartment # \_\_\_\_\_ at \_\_\_\_\_, for the term of \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_\_, according to the terms and conditions of the Lease attached hereto and will sign said Lease within five (5) days after notification that my application is accepted.
3. I understand the Lease is made on the strength of this application and it may be terminated at any time at the owner/agents option if any information herein is false. In connection with this application a consumer or credit reporting agency may be employed by Management Agent to make an investigatory credit and reference report. I authorize verification of all information and references given.
4. I hereby tender my application deposit of \$ \_\_\_\_\_, which payment will be applied as full liquidated damages in case of my failure or refusal to pay the first month's rent in full and execute the Lease. After payment of the first month's rent, the application deposit will be held as and become a security and damage deposit in accordance with the Lease. I understand that the deposit will be refunded only if application is not approved by the owner/agent. If application is not accepted, all deposits shall be returned without designation or any reason and without any liability on the part of the owner and /or agent.
5. Tenant's liability under this agreement shall be joint and several.

Deposit of \$ \_\_\_\_\_ received (check) (cash)  
By \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Apt. No. \_\_\_\_\_ Garage No. \_\_\_\_\_ Monthly Rental: Apt. \$ \_\_\_\_\_ Garage \$ \_\_\_\_\_  
Effective Date of Lease \_\_\_\_\_ Move-in Date \_\_\_\_\_ Remarks \_\_\_\_\_  
 Approved  Disapproved By \_\_\_\_\_