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# APPLICATION FOR APARTMENT OCCUPANCY

This application must be filled out completely. Driver's License or ID required to complete application.

Office Use Only			
BUILDING ADDRESS: _____ APT # _____ REFERRED BY _____			
LEASE DATES: FROM _____ TO _____ MOVE IN DATE: _____ LEASING AGENT _____			
MONTHLY RENTS _____ GARAGES \$ _____ n/a _____ DEPOSIT DATE: _____ DEPOSIT AMT. \$ _____			
APPLICATION FEE \$ <u>40</u> (Fee is non-refundable) (ONE PERSON PER APPLICATION PLEASE)			
APPLICANT LAST NAME		MAIDEN/PREFIX	FIRST
HOME PHONE		CELL PHONE	EMPLOYER PHONE
SOCIAL SECURITY # OR INS #		DATE OF BIRTH	STATE ISSUED:
PRESENT ADDRESS		CITY	STATE
UNIT #	FROM TO	RENT \$	PHONE NUMBER
PREVIOUS ADDRESS		CITY	STATE
UNIT#	FROM TO	RENT \$	PHONE NUMBER
PRESENT EMPLOYER		PHONE #	DATES
ADDRESS		PART/FULL TIME	SALARY
PREVIOUS EMPLOYER		PHONE #	DATES
ADDRESS		PART/FULL TIME	SALARY
OTHER INCOME/SOURCE		PHONE #	AMOUNT
ADDITIONAL OCCUPANTS		EMERGENCY CONTACT NAME & NUMBER	
VEHICLE INFORMATION		LICENSE #	YEAR
VEHICLE INFORMATION		MAKE & MODEL	
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Have you ever been evicted or asked to move? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever refused to pay rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Do you have a legal right to be in the United States? <input type="checkbox"/> Yes, I am a US Citizen. <input type="checkbox"/> Yes, I have valid documentation from the U.S. Dept. of Immigration and Naturalization (INS) that allows me to be in the country. <input type="checkbox"/> No
I authorize Multihousing Credit Control whose address is 10125 Crosstown Circle, Suite #100, Eden Prairie, MN 55344 to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.			
Signature _____		Date _____	
MULTIHOUSING CREDIT CONTROL, 10125 CROSSTOWN CIRCLE #100, EDEN PRAIRIE, MN 55344 PHONE (952) 941-0552 ♦ FAX (952) 942-0582 ♦ TOLL FREE (800) 328-6205			