

Rental Application

Date application completed	
Building Name and Apartment #	
Move in date	
Monthly Rent/Length of Lease	

Full Name (INCLUDE MIDDLE)	First:	Middle:	Last:
Social Security Number			
Birth Date			
Drive's License Number			

Other Occupants	
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Present Address	
Address, City, State and Zip Code	
Email (*If approved used for online pay*)	
Cell Phone Number	
Present Landlord	
Landlord's Telephone Number	
Rent per Month	
From Mon/Yr. to Month/Year	

Previous Address	
Street Address	
City, State and Zip Code	
Landlord	
Landlord's Telephone Number	
Rent per Month	
From Mon/Yr. To Month/Year	

Source of Income	Contact Person	Telephone Number	List all monthly income

Have you ever been arrested or convicted of a felony?	YES	NO	
If yes please explain.			
Are you a registered sex offender?	YES	NO	
Have you ever been evicted?	YES	NO	
If yes, please explain.			

Emergency Contact	
Name of the nearest relative	
Telephone	
Street Address, City and State	

The undersigned acknowledges and agrees that : a) all statements made in this application are for the purpose of establishing the credit worthiness of the applicant to secure occupancy in the property indicated, and verification or re-verification of any information contained in the application may be made at any time by the landlord, their agents, successors, and assigns, either directly or through a credit reporting agency, from any source named in this application and the original copy of his application will be retained by the landlord, even if occupancy is not approved; b) the property will not be used for any illegal or prohibited use; c) the landlord, their agents, will rely on the information contained in this application; d) and in the event occupancy is granted and my-our rents payments become delinquent, the landlord, their agents, successors or assigns may, in addition to all other rights and remedies, report my/our names, and account information to a credit reporting agency. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act. Certification: I certify that the information in this application is true and correct as of the date set forth opposite my signatures on this application and acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability, and or criminal penalties.

X _____ Date: _____

Employment Verification and Release

Date: _____ Company: _____

Attn: _____ Phone: _____

Fax: _____

We would greatly appreciate your help in verifying the employment history of the following individual(s). Your prompt reply by fax, email, or phone would be greatly appreciated. Thank you!

Applicant Information:

Name: _____

Address: _____

City, State, Zip: _____

Permission for Release of Information

****I authorize you to furnish the information requested below****

Signature: _____ Date: _____

EMPLOYER: PLEASE PROVIDE THE FOLLOWING INFORMATION...

Company Name: _____

Company Address: _____

Is the applicant currently employed with your company? YES / NO

If no, please provide a start date? _____

Job Title: _____

Monthly Income: _____

Employers Signature: _____ Date: _____

Phone Verification by: _____ Date: _____

****PLEASE SIGN AND DATE THE AUTHORIZATION ONLY. OUR OFFICE WILL OBTAIN THE INFORMATION FROM YOUR EMPLOYER(S).****

Please email completed form to maplecreekapartments@gmail.com or fax to 1-763-592-7871. Thank you!

Rental Reference Verification and Release

Date: _____ Company: _____

Attn: _____ Phone: _____

Fax: _____

We would greatly appreciate your help in verifying the rental history of the following individual(s). Your prompt reply by fax, email, or phone would be greatly appreciated. Thank you!

Applicant Information:

Name: _____

Address: _____

City, State, Zip: _____

Permission for Release of Information

****I authorize you to furnish the information requested below****

Signature: _____ Date: _____

LANDLORD: PLEASE ANSWER THE FOLLOWING QUESTIONS...

Move in date: _____ Move out date: _____

1) Pay rent on time? Yes / No If no, how many times late? _____

2) Take proper care of the rental unit and grounds? Yes / No

3) Have had pets in the rental unit without consent of landlord? Yes / No

4) Allow individuals not on the lease to live in the rental unit? Yes / No

5) Did they or guests disturb their neighbors? Yes / No

6) Has law enforcement been to the residents unit? Yes / No

7) Was proper notice given to vacate? Yes / No

8) Any unpaid rent or damages? Yes / No

9) Are you evicting or non renewing this tenant? Yes / No

If yes, please explain.

10) Would you rent to again? Yes / No

****PLEASE SIGN AND DATE THE AUTORIZATION ONLY. OUR OFFICE WILL OBTAIN THE INFORMATION FROM YOUR EMPLOYER(S).****

Please email completed form to maplecreekapartments@gmail.com or fax to 1-763-592-7871.
Thank you!

