



14 Seventh Avenue North • St. Cloud, MN 56303 • Phone (320) 656-4127 • Fax (320) 259-4098

RENTAL APPLICATION

PLEASE PRINT AND COMPLETE EACH SECTION THAT APPLIES

Office Use Only

Property Name _____ Building/Apartment # _____
Date of Occupancy _____ Length of Lease _____ Size of Unit _____
Monthly Rental Amount \$ _____ Application Fee \$ _____ Deposit Amount \$ _____
Holding Deposit Received \$ _____ Rent Specials _____

APPLICANT

Full Legal Name _____ Social Security # _____ - _____ - _____
Date of Birth ____ / ____ / ____ Driver's License # _____ State _____
Cell/Home Phone _____ Work Phone _____
Email _____

RENTAL HISTORY

Current Address _____ City _____ State _____ Zip _____
Current Landlord _____ Landlord Telephone # _____
Current Rent _____ Dates of Tenancy: From _____ To _____
Reason for Moving _____
Previous Address _____ City _____ State _____ Zip _____
Previous Landlord _____ Landlord Telephone # _____
Previous Rent _____ Dates of Tenancy: From _____ To _____

SOURCE OF INCOME

Current Employer _____ Employer Telephone # _____
Employer Address _____ City _____ State _____ Zip _____
Position _____ Length of Employment: From _____ To _____
Full-time: Yes No Salary/Wage Amount _____
Previous Employer _____ Employer Telephone # _____
Employer Address _____ City _____ State _____ Zip _____
Position _____ Length of Employment: From _____ To _____
Additional Sources of Income _____ Amount _____
Contact Name _____ Contact Telephone # _____

VEHICLE INFORMATION

Make/Model _____ Color _____ Year _____ Plate # _____ State _____

Make/Model _____ Color _____ Year _____ Plate # _____ State _____

PERSONAL & EMERGENCY CONTACTS

Name _____ Telephone # _____

Address _____ Relationship _____

Name _____ Telephone # _____

Address _____ Relationship _____

LEGAL NAME OF ALL WHO WILL OCCUPY THE APARTMENT (Excluding Yourself)

Full Name _____ Relationship _____ Age _____

Full Name _____ Relationship _____ Age _____

Full Name _____ Relationship _____ Age _____

Full Name _____ Relationship _____ Age _____

ADDITIONAL INFORMATION

Explanation:

Are you a U.S. Citizen? Yes No _____

Have you ever been evicted or received an unlawful detainer? Yes No _____

Have you ever been asked to voluntarily move out? Yes No _____

Have you ever been convicted of a felony? Yes No _____

Have you ever been convicted of any level of misdemeanor? Yes No _____

How did you hear about us? _____

I hereby make application for an apartment and certify that this information is correct. I understand failure to complete these documents completely and truthfully may result in the denial and/or forfeit of the holding deposit. I also understand that a **NON-REFUNDABLE** application fee is required per applicant for processing. If Management approves this application, the applicant must enter into a lease agreement. If applicant fails to do so, the holding deposit that was given to Management will be forfeited. However, the holding deposit is fully refundable if Management denies this applicant.

Reports are obtained through Experian/RHR Information Services, Inc., 10505 Wayzata Blvd., Suite 200, Minnetonka, MN 55305, 888-389-4023 or Experian/Trans Union/Screening Reports, Inc., 729 N Route 83, Suite 321, Bensenville, IL 60106, 866-389-4042. Criminal reports are obtained through RHR Information Services, Inc., Screening Reports, Inc., Minnesota Public Criminal History website located at <https://cch.state.mn.us/pcchOffenderSearch.aspx>, and/or Minnesota Trial Court Public Access Remote View at <http://pa.courts.state.mn.us>.

MaxCel Management, Inc. does not discriminate against tenants or prospective tenants on the basis of race, religion, color, creed, sex, national origin, disability, familial status, marital status, sexual orientation, or public assistance.

Applicant's Signature

Date

Applicant's Printed Name



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GENERAL CONSENT FORM

Personal Information:

I, _____
Last Name First Middle Maiden

have completed an application for residency with **MaxCel Management, Inc.** that requires the verification of my Rental History References, Credit Report, Employment and Income, and Criminal Record. I may be contacted at (_____)_____ with any questions regarding this release of information.

Current Address City State Zip Code

Previous Address City State Zip Code

_____/_____/_____
Date of Birth Sex Social Security Number _____
Driver's License Number State

Release:

I authorize MaxCel Management, Inc. to perform a complete investigation of all information provided within my application for residency. I have personally filled in and/or reviewed all information contained within the application. A complete investigation may include any or all of the following: Credit Report, Verification of Employment and Income, Criminal Record Search, Rental History References, Unlawful Detainer/Eviction Investigation, Identity Trace, Sex Offender Search, Terrorism Search, Check Writing History, and Personal Interviews with all provided references. It is understood that a photocopy or facsimile copy of this form will serve as authorization. This authorization continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year.

Applicant Signature

Date

Applicant Printed Name