MIDWEST MANAGEMENT
750 PENNSYLVANIA ANENUE SOUTH
MINNEAPOLIS, MN 55426
763-788-2626

OFFICE USE ONLY

BUILDING ADDRESS:_____APT #_____REFERRED BY_____

LEASE DATES: FROM_____TO_____MOVE IN DATE_____LEASING AGENT_____

MONTHLY RENT $_____GARAGE $_____DEPOSIT DATE_____DEPOSIT AMOUNT $_____

APPLICATION FEE IS $30.00 (FEE IS NON-REFUNDABLE) IMPORTANT: THIS APPLICATION MUST BE FILLED OUT COMPLETELY. ONLY ONE PERSON PER APPLICATION.

| APPLICANT LAST NAME | | FIRST | MIDDLE |
|---|---|---|---|
| HOME PHONE | CELL PHONE | EMPLOYER PHONE | |
| SOCIAL SECUTITY # OR INS # | DATE OF BIRTH | DRIVERS LICENSE # AND STATE | |
| PRESENT ADDRESS | | CITY | STATE / ZIP |

| UNIT # | FROM | TO | RENT $ | LANDLORD/PROPERTY NAME & PHONE # |
|---|---|---|---|---|
| PREVIOUS ADDRESS | | | CITY | STATE / ZIP |
| UNIT # | FROM | TO | RENT $ | LANDLORD/PROPERTY NAME & PHONE # |

| PRESENT EMPLOYER | PHONE # | POSITION | DATES |
|---|---|---|---|
| ADDRESS | PART/FULL TIME | SUPERVISOR | SALARY $ |
| OTHER INCOME/SCOURCE | PHONE # | CONTACT | AMOUNT $ |
| ADDITIONAL OCCUPANTS | | EMERGENCT CONTACT NAME & PHONE # | |

| VEHICLE INFORMATION: | LICENSE PLATE # | YEAR | MAKE | MODEL |
|---|---|---|---|---|

| HAVE YOU EVER FILED BANKRUPTCY? | HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE? | HAVE YOU EVER BEEN CONVICTED OF A GROSS MISDEMEANOR OR A FELONY? | DO YOU HAVE A LEGAL RIGHT TO BE IN THE UNITED STATES? |
|---|---|---|---|
| ☐ YES ☐ NO<br>IF YES, PLEASE EXPLAIN: | ☐ YES ☐ NO<br>HAVE YOU EVER REFUSED TO PAY RENT?<br>☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES, I AM A CITIZEN.<br>☐ YES, I HAVE VALID DOCUMENTATION FROM THE U.S. DEPT. OF IMMIGRATION.<br>☐ NO |

I authorize Multhousing 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/We 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