

Terrace Properties LLC
 PO Box 20514
 Bloomington, MN 55420
 Office 952-888-8498
 Cell 952-215-5495
 Fax 952-888-2840

RENTAL APPLICATION

A separate application must be filled out by each person who will reside in the apartment.

Total number of persons who will reside in this apartment _____

APPLICANT INFORMATION

NAME		BIRTH DATE
ANY OTHER NAMES USED PREVIOUSLY		
ADDRESS		
DAY PHONE #	EVENING PHONE #	SOCIAL SECURITY #
DRIVER'S LICENSE #		
IN CASE OF EMERGENCY CONTACT: NAME		
ADDRESS		
PARENTS (IF LIVING)		
DO YOU SMOKE?	ARE YOU EXPECTING AN INCREASE IN YOUR IMMEDIATE FAMILY?	
VEHICLE INFO:	COLOR	MODEL YEAR LICENSE PLATE #

CREDIT INFORMATION

BANK NAME	LOCATION	HOW LONG?
TYPE OF ACCOUNTS	ACCOUNT #'S	
FORMER BANK	HOW LONG?	
CREDIT CARDS	ACCOUNT #'S	

INCOME INFORMATION

PRESENT INCOME	SOURCE	HOW LONG?
SUPERVISOR	PHONE #	
PREVIOUS INCOME	SOURCE	HOW LONG?
SUPERVISOR	PHONE #	

CURRENT RESIDENCE

MANAGER	ADDRESS	PHONE #
LANDLORD	ADDRESS	PHONE #
MONTHLY RENT	LENGTH OF TENANCY	
DATE NOTICE GIVEN	DATE LEAVING	
ANY MONEY PAST DUE, OWING, OR IN DISPUTE?	AMOUNT:	
WHY ARE YOU MOVING?		

PREVIOUS RESIDENCE

MANAGER	ADDRESS	PHONE #
LANDLORD	ADDRESS	PHONE #
MONTHLY RENT	DATES OF TENANCY	

PETS

TYPE	SIZE
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CHARACTER REFERENCES

NAME	ADDRESS	
OCCUPATION		PHONE #
NAME	ADDRESS	
OCCUPATION		PHONE #
NAME	ADDRESS	
OCCUPATION		PHONE #

I hereby authorize all persons and organizations which I have listed on this form to provide _____ with any and all information needed to verify my answers to the information contained on this form.

Applicant

Management

Date signed

RENT PER MONTH

OTHER CHARGES

TOTAL RENT

DEPOSIT ON ACCT.

PHONE # _____ LEASE TERMS: _____ MOVE IN: _____ UNIT #: _____
 AGENT: _____ RENT \$: _____ DEPOSIT \$: _____ CHECK #: _____ VERIFIED: _____ UNIT #: _____

Applicant Last Name _____ First Name _____ Middle _____ Social Security # _____ Birth Date _____
 Spouse _____

Addresses	Apt #	From / To	City	State	Zip	Caretaker (Phone #)
Current		/				()
Previous		/				()
Previous		/				()

Employer / Address, City, State, Zip _____ Position _____ From / To _____ Contact _____ Phone # _____ Salary _____

Current		/		()	
Applicant Previous		/		()	
Spouse Current		/		()	

Account Reference _____ Account # _____

Bank Name	Residence ()	Applicant's Phone # _____	Drivers License _____	State
Account #	Work ()		(Spouse) License # _____	

Additional Information _____

Names of Occupants	Party to Notify In Emergency	Name	Address	Phone #
Pets:	Nearest Friend			

Have You Ever: **Refused to Pay Rent When Due:** Yes / No **Filed for Bankruptcy:** Yes / No **Been Evicted:** Yes / No
Signed Release _____

I/WE AUTHORIZE RENTAL HISTORY REPORTS TO DO A COMPLETE INVESTIGATION OF ALL INFORMATION PROVIDED ABOVE. I HAVE PERSONALLY FILLED IN AND/OR REVIEWED ALL INFORMATION LISTED ABOVE. I UNDERSTAND FAILURE TO COMPLETE THIS FORM COMPLETELY AND TRUTHFULLY MAY RESULT IN DENIAL AND/OR FORFEIT OF DEPOSIT. A COMPLETE INVESTIGATION MAY INCLUDE ANY OR ALL OF THE FOLLOWING: CREDIT REPORT, CRIMINAL RECORD, RENTAL HISTORY REFERENCES (INCLUDING MHFA) AND PERSONAL INTERVIEWS WITH ABOVE REFERENCES. I/WE AUTHORIZE RENTAL HISTORY REPORTS TO PROVIDE TO THE CREDIT GRANTOR FEDERAL AND STATE RECORDS OF EMPLOYMENT AND INCOME HISTORY, INCLUDING STATE EMPLOYMENT SECURITY AGENCY RECORDS. THIS AUTHORIZATION IS FOR THIS TRANSACTION ONLY AND CONTINUES FOR (1) YEAR UNLESS LIMITED BY STATE LAW, IN WHICH CASE THE AUTHORIZATION CONTINUES IN EFFECT FOR THE MAXIMUM PERIOD, NOT TO EXCEED (1) YEAR, ALLOWED BY LAW. MY/OUR SIGNATURE(S) BELOW AUTHORIZES ALL ABOVE LISTED COMPANIES TO RELEASE RENTAL, JOB HISTORY (INCLUDING SALARY) AND CRIMINAL RECORD INFORMATION.

APPLICANT SIGNATURE _____ DATE _____ SPOUSE SIGNATURE _____ DATE _____