



RENTAL HOUSING APPLICATION FORM

910 Ivy Avenue East . Saint Paul . MN . 55106
(651) 224-3002

Owner or Apartment Complex Name and Phone Number

Rental Address and Unit Number

Expected Move In Date

ONLY ONE PERSON PER FORM. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

APPLICANT INFORMATION

Applicant FULL Legal Name (Last, First and Middle)

Date Of Birth

Social Security Number

List All Nicknames, Maiden Names, Former Names, etc.

License Or ID Number

ADDRESS HISTORY

Present Address (Street, Apartment Number, City, State, Zip)

Move In Date

Move Out Date

Present Landlord / Manager / Apartment Complex

Landlord Phone Number (Landline If Possible)

Relationship To Landlord

Rent Amount

Reason For Leaving

Previous Address (Street, Apartment Number, City, State, Zip)

Move In Date

Move Out Date

Previous Landlord / Manager / Apartment Complex

Landlord Phone Number (Landline If Possible)

Relationship To Landlord

Rent Amount

Reason For Leaving

If Both Your Current And Previous Addresses Are NOT Rental, Please List The Most Recent Rental.

Previous Address (Street, Apartment Number, City, State, Zip)

Move In Date

Move Out Date

Previous Landlord / Manager / Apartment Complex

Landlord Phone Number (Landline If Possible)

EMPLOYMENT HISTORY

Current Employer / Agency / Source Of Income Hire Date Position

Company Address Company Phone Number (No Cell Phone Numbers)

Monthly Salary Or Hourly Rate Hours Per Week Full Time / Part Time / Temp Supervisor's Name

Additional Sources Of Income Phone Number Amount Per Month

Previous Employer From - To Phone Number Position

Additional Monthly Expenses (Child Support, Medical Bills, etc.)

Banking Information (Name, Branch Location) Account Type Account Number

ADDITIONAL INFORMATION

Have You Ever Filed Bankruptcy? Yes No **Do You Have Any Pets?** Yes No

Have You Ever Been Arrested Or Charged With A Crime Other Than A Traffic Violation? Yes No

Have You Ever Been Evicted / Been Asked To Vacate / Not Paid Rent When Due? Yes No

Have You Ever Resided In Another State? Yes No **When and Where?** _____

Name And Address Of Person To Contact In Case Of Emergency Phone Number

Name And Address Of Person To Contact In Case Of Emergency Phone Number

List All Occupants

Name Age Relationship

Name Age Relationship

Name Age Relationship

RELEASE

I understand and agree that this application is not a lease and that it may be accepted or rejected by the Lessor. I hereby authorize the Lessor and/or Twin City Tenant Check, Inc. to obtain any and all information available from any organization for the purpose of review of my credit, criminal, rental and employment history. This may include, but is not limited to, consumer credit reports, salary, any additional income sources, reason for termination of employment and/or residency, and public records held by government agencies. I certify the above information is true and complete to the best of my knowledge and understand that any false or misleading information may be grounds for rejection of this application or termination of lease.

Signature of Applicant

Date

Home Phone Number

Printed Name Of Applicant

Daytime Phone Number

Cell Phone Number