



**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

**RENTAL 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.**

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Signature of Applicant

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Date

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Home Phone Number

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Printed Name Of Applicant

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Daytime Phone Number

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Cell Phone Number