



# RENTAL APPLICATION

\*Each adult (18 or older) must fill out a separate application

**\*There is a non-refundable fee of \$25/adult to apply**

701-239-1719 Fax: 701-364-9468

2111 Main Ave E., W. Fargo Mailing Address: PO Box 9009 Fargo ND 58106

## Property Address Applying For:

### PRIMARY APPLICANT

First	Middle	Last	Birth Date	Social Security #	Drivers License #
Home Phone	Cell Phone	Email	Address		

### RENTAL HISTORY

	Current	Previous
Street Address		
City		
State & Zip		
Last Rent Amount Paid		
Owner/Manager		
Phone Number		
Reason for leaving		
Did you give notice?		
Were you asked to move?		
	From To	From To
Dates of Residency		

### EMPLOYMENT

	Current	Previous
CIRCLE	FULLTIME/PART TIME/STUDENT/UNEMPLOYEED	
Employed By		
Address		
Employer's Phone		
Occupation		
Supervisor		
Monthly Gross Pay		
	From To	From To
Dates of Employment		

### OTHER

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Pets (breed, age, weight) \_\_\_\_\_

Vehicle (make, model, year) \_\_\_\_\_

Have you ever been evicted from a rental property? \_\_\_\_\_ If yes please explain \_\_\_\_\_

### AUTHORIZATION

I agree to permit an investigation of my credit, tenant history and employment for the purposes of renting this apartment, and for the building owner/manager to provide our rental referral service your name and other required rental close out information.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_