ERIC M. LEIN RENTAL APPLICATION Agent -361 Summit Avenue, St. Paul, MN 55102 Date -(651) 224-2653 info@apts.cc www.apts.cc Rent per month DATE **UNIT SIZE** APARTMENT # Security Deposit is Not Less Than 1-month's rent; Sometimes higher PROPERTY ADDRESS **EACH APPLICANT -- PLEASE:** LEASE DATES From То Term Drive-by • Complete a Separate Application How did you hear of this vacancy? Website Friend Other Attach \$50 Application Deposit and Copy of Photo ID Please Print Clearly APPLICANT ( Prospective Resident or Guarantor / Co-signer ) Date of Birth Driver's License # & State Social Security # Dependents Applicant Complete Legal Name Other Applicants (Legal Names) Attach a Separate Application Form for Each Applicant **Current Address** Apt # Home Phone Cell Phone Citv Zip Code Move-in Date Applicant's Signature is Required Present Landlord (OWNER, not caretaker) Rent Paid Landlord Phone At bottom of this page DO NOT WRITE in Blank Space Below Previous Address Move-in Date Apt # [ For Use By Leasing Agent ] Zip Code Move-out Date City Previous Landlord (OWNER, not caretaker) Rent Paid Landlord Phone SOURCE OF INCOME (EMPLOYMENT if Employed) ( Show Student Loans in "Credit References" / Not as "Income" ) Current Employer or Other Source Position Phone (your desk, ...) Address Salarv Begin Date / mo /yr City State Zip Supervisor's Name Supervisor's (or HR) Phone During occupancy, will your monthly income If "No," please understand that we might deny your application Yes No equal at least three times the monthly rent? or require a qualified Co-signer and collect a higher deposit. Previous Employer or Other Source Previous Position Begin Date End Date Address Reason for Leaving City State Zip Supervisor's (or HR) Phone Supervisor's Name ADDITIONAL SOURCES OF INCOME (ie: Part Time Job, Assistance, Etc.) Source Amount / mo Phone /yr Source Amount Phone 2 / yr BANK ACCOUNT (Indicate BRANCH -- Indicate SERVICES USED) Account # Bank Name Phone Savings - - -Checking - -Address City State Zip Loan - -AUTO(s) Make License Plate # & State Model & Color Lender / Bank Name Date Opened Original Loan Amt Current Balance Monthly Pmt PERSONAL REFERENCES Name of Father and/or Mother of Applicant Phone Address City IMPORTANT State Zip Personal Reference (No Relatives Please) Phone Are you aware of problems or 'negative' items relating to your credit or your rental history; OR Address State Zip Have you ever been convicted of a crime? City In Case Of EMERGENCY Please Contact YES If yes, please explain on Phone 3 the back side of this form ---> Address Citv State Zip CREDIT REFERENCES (Credit cards, etc.) ( Please Be Specific – As part of our verification process, we will obtain a consumer credit report and compare it to the information provided on this form. ) Lender / Bank Name Type of Acct Date Opened Credit Limit Current Balance Monthly Pmt 2 A \$50.00 Application Deposit must accompany this Rental Application.

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List ALL Occupants (Names)				Relationship		Age
		Applicant (see above)				
	Note: Only persons shown on the Lease may occupy the Apartment.					
	Be sure to list ALL Occupants above & include yourself.					
Α	NIMALS	None		Yes		
	Kind / Description		۸۵۵	Sov		

ANIMALS are NOT ALLOWED without written permission signed by the building Owner and payment of additional deposit. Some types are never allowed. If you have allergies, you are applying with the understanding that animals have lived in the Apartment in the past.

The undersigned agrees that he/she will forfeit this Application Deposit if the Application is not acceptable because of incorrect or misleading information furnished by the Applicant and contained herein. It is also agreed if for any reason the Applicant is unable or unwilling to complete the Lease applied for, this Application Deposit will Not be refunded.

It is also agreed and understood that this Application for Lease is taken subject to the approval of Management and Owner. Unsigned applications will not be processed. Subject to the conditions shown above, this Application Deposit will be refunded Only if the Application is Not accepted by the Owner.

Please list on the back other data that may affect the acceptance of this application. The foregoing information is supplied to the Management to induce them to rent to me and is true and correct in all respects.

I authorize Eric M. Lein, the Owner, to verify my past and present employment records, bank accounts, and any other records needed to process my Application. I further authorize Eric M. Lein to order credit and criminal history reports on me and to verify other information, including landlord and mortgage references. It is understood that a facsimile or photocopy of this form will also serve as authorization.