Elmwood Properties

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## **RENT APPLICATION**

Building: Apt: Date	Time:: am pm
PLEASE PROVIDE	E AN ANSWER FOR EVERY FIELD
Last Name:	First Name MI
Social Security No. or Passport No	Drivers License No
Applicant Birth date (mm/dd/yy)	Are you a Smoker? (YES) (NO)
E-mail address@	Preferred Move in Date (mm/dd/yy)//
Cel. Phone: ( )	ASE OF EMERGENCY
Contact (first and last name)	Phone ()
	(WHERE YOU CAN ALWAYS REFER MAIL TO ME)
Street	City State Zip
Phone ( )	
	RE I AM LIVING NOW
Street	City
Phone ( )	State Zip
No. months living at this address	Landlord phone ( )
Reason for moving	Landlord name
I have a car (Y/N)	
Car Make	Car Model
Car License Plate	Car License State
I have a job (Y/N)	
Employer Name	Supervisor Name
Job Description	Supervisor Phone ( )
Income Per Month	
MY RENT MONEY COMES FROM (%)	I HAVE BEEN
Work% Relatives% Other%	Arrested (Y/N)
	Evicted? (Y/N)
MY ROOMMATES WILL BE:	Accused of non-payment of rent (Y/N)
1 <sup>st</sup> Roommate Name	
2 <sup>nd</sup> Roommate Name	Are you intending to take the
3 <sup>rd</sup> Roommate Name	place of an existing resident? (Y/N)
4 <sup>th</sup> Roommate Name	If yes, name of existing resident:
enter a rental agreement and that a rental agreement is achie Properties lease form. Applicant agrees that any deposit paid s	Applicant understands that this application does not obligate owner or management to eved when applicant and management have signed a properly completed Elmwood shall be forfeited to Elmwood Properties in the event that applicant does not occupy ent due according to the lease agreement.
Applicant signature:	Date:
MAKE DAMAGE DEPOS	SITY PAYABLE TO: CRJ PROPERTIES
	OK FORWARD TO HAVING YOU HERE!
FOR MAN	AGEMENT TO COMPLETE
Received security deposit in the amount of \$:	Check No.: Check Date://
Name of damage deposit payor:	
Comments:	
Management signature:	Date:/

White: lease file Yellow: move in file Pink: resident