Elmwood Properties

1420 Rollins Ave. S.E., Minneapolis, MN 55414-2349   Tel.: (612) 623-4488, Fax: (612) 379-0142   Email: apartments@ElmwoodProperties.com

RENT APPLICATION

FOR MANAGEMENT TO COMPLETE

Building:_____   Apt: _____   Date (mm/dd/yy):_____/_____/_____   Res ID: _____

APPLICANT INFORMATION

First Name: _____   MI: _____   Last Name: _____

E-mail address: _____   Cell Phone: _____

Drivers License No.: _____   Social Security or Passport No.: _____

Applicant Birth Date (mm/dd/yy): _____/_____/_____   Preferred Move in Date (mm/dd/yy): _____/_____/_____

Car Make: _____   Car Model: _____

Car License Plate: _____   Car License State: _____

Employer Name: _____   Supervisor Name: _____

Job Description: _____   Supervisor Phone: _____

Income Per Month: _____   Are you a Smoker? (Y / N) _____

WHERE I CAN RECEIVE MAIL IN THE FUTURE (permanent address)

Primary Contact: _____   Phone: _____

Street: _____   City: _____

State: _____   Zip: _____

WHERE I AM LIVING NOW

Name of Residence: _____   Landlord Phone: _____

Street: _____   City: _____

Phone: _____   State: _____   Zip: _____

No. months living at this address: _____   Reason for moving: _____

WHERE MY RENT MONEY COMES FROM (%)

Work: _____% Relatives: _____%   Other: _____%

I HAVE BEEN

Accused of non-payment of rent? (Y/N):_____ Arrested (Y/N): _____

MY ROOMMATES WILL BE:

1st Roommate Name: _____   I am intending to take the place of an existing resident (Y/N): _____

2nd Roommate Name: _____   If yes, name of existing resident: _____

3rd Roommate Name: _____   HOW I LEARNED ABOUT ELMWOOD _____

4th Roommate Name: _____   _____

MATTRESS: I want to purchase twin set mattress @ $200 / set Quantity _____ $Total _____ (non refundable)

Applicant affirms that the above information is true and correct. Applicant understands that this application does not obligate owner or management to enter a rental agreement and that a rental agreement is achieved when applicant and management have signed a properly completed Elmwood Properties lease form. Applicant agrees that any deposit paid shall be forfeited to Elmwood Properties in the event that applicant does not occupy apartment or pay rent due according to the lease agreement.

APPLICANT SIGNATURE: _____   **DATE:** _____

MAKE DAMAGE DEPOSIT PAYABLE TO: Elmwood Properties – Deposits

FOR MANAGEMENT TO COMPLETE

Received security deposit in the amount of $:_____ Check No.: _____ Check Date (mm/dd/yy): _____/_____/_____

Name of damage deposit payor: _____

Comments: _____

Management signature: _____ Date (mm/dd/yy):_____/_____/_____

THANK YOU! WE LOOK FORWARD TO HAVING YOU HERE!