

PROPERTY NAME \_\_\_\_\_ RHR ID: # 4445A

 Rental History Reports  
 701Fifth Street South  
 Hopkins, MN 55343

**APPLICATION FOR APARTMENT OCCUPANCY**

PH&gt; 952.545.3953 / 888.389.4023

[www.RentalHistoryReports.com](http://www.RentalHistoryReports.com)

This application must be filled out completely. Driver's License or ID required to complete application.

APPLICANT FIRST NAME			MIDDLE NAME			LAST NAME		
HOME PHONE			CELL PHONE			EMPLOYER PHONE		
SOCIAL SECURITY # OR INS #			DATE OF BIRTH		DRIVERS LICENSE #		STATE ISSUED:	
PRESENT ADDRESS				CITY		STATE	ZIP	
UNIT #	FROM	TO	RENT \$		LANDLORD/PROPERTY NAME NUMBER		PHONE	
PREVIOUS ADDRESS				CITY		STATE	ZIP	
UNIT#	FROM	TO	RENT \$		LANDLORD/PROPERTY NAME		PHONE NUMBER	
PRESENT EMPLOYER			PHONE #		POSITION		DATES	
ADDRESS			PART/FULL TIME		SUPERVISOR		SALARY	
PREVIOUS EMPLOYER			PHONE #		POSITION		DATES	
ADDRESS			PART/FULL TIME		SUPERVISOR		SALARY	
OTHER INCOME/SOURCE			PHONE #		CONTACT		AMOUNT	
ADDITIONAL OCCUPANTS					EMERGENCY CONTACT NAME & NUMBER			
1.					1.			
2.					2.			
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			Have you ever had a UD or Eviction? (Past 10 years) <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a crime? (Felonies forever, Misdemeanors in the past 10 years, or driving charges including DWI, reckless, careless, or hit and run) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		Do you have any pets? If so what kind and how many?	
Have you ever resided in any other state? If so, where?			Do you owe money to a previous Landlord? (Past 10 years) <input type="checkbox"/> Yes <input type="checkbox"/> No					
I authorize Rental History Reports (RHR) to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.								
Signature _____					Date _____			