

**FirstService Residential Minnesota, Inc.**  
 1801 American Blvd. E., Suite 21, Bloomington, MN 55425  
 Tel 651-699-5401 - Fax 952-277-2739

**Application for Occupancy**  
 Each person must complete an application. All information must be filled out completely. It must be printed legibly in black ink. Failure to do so will delay processing of your application.

**Rental History Reports**  
 701 South Fifth Street - Hopkins., MN 55343  
 PH (952) 545-3953 - www.RentalHistoryReports.com

	Last Name		First Name		Middle	Social Security #		Birth Date
<b>Applicant</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Spouse</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Addresses		Apt #	From / To	City	State	Zip	Caretaker Phone #
<b>Current</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Previous</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Previous</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Employer Name		Position	From / To	Contact	Phone #	Salary
<b>Current</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Previous</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's Contact Information				Additional Information	
<b>Residence</b>	<input type="text"/>	<b>Cell Phone</b>	<input type="text"/>	<b>Names of Occupants</b>	<input type="text"/>
<b>Work</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>	<b>Pets:</b>	<input type="text"/>

Have You Ever:	<b>Refused to Pay Rent When Due:</b>	Yes / No	<b>Filed for Bankruptcy:</b>	Yes / No	<b>Been Evicted:</b>	Yes / No
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**Signed Release**

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided within my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: Credit Report, Verification of Employment and Income, Criminal Record Search, Rental History References (including MPHA), Unlawful Detainer/Eviction Investigation, Identity Trace, Sex Offender Search, Terrorism Search, Check Writing History, and Personal Interviews with all provided references. 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/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter Federal and State records of employment and income history, including State Employment Security Agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year.

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APPLICANT SIGNATURE (Handwritten Only) \_\_\_\_\_ DATE \_\_\_\_\_