

# APPLICATION

Walnut Trails Townhome Apartments

1813 Trailway Drive, Eagan, MN 55122

Office: 651-452-4038 Fax: 651-686-7258

UNIT NUMBER \_\_\_\_\_ ADVERTISING SOURCE \_\_\_\_\_ PET \_\_\_\_\_

FULL NAME \_\_\_\_\_ SS# \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

EMAIL \_\_\_\_\_ MOB PHONE \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MANAGEMENT COMPANY \_\_\_\_\_ MONTHLY RENT \$ \_\_\_\_\_

SITE CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

DATE MOVED IN \_\_\_\_\_ DATE MOVING OUT \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

MANAGEMENT COMPANY \_\_\_\_\_ MONTHLY RENT \$ \_\_\_\_\_

SITE CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

DATE MOVED IN \_\_\_\_\_ DATE MOVED OUT \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

EMPLOYER \_\_\_\_\_ MONTHLY INCOME \$ \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_ DATE STARTED \_\_\_\_\_

EMPLOYER CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

OTHER INCOME DESCRIPTION \_\_\_\_\_

PAYOR \_\_\_\_\_ MONTHLY INCOME \$ \_\_\_\_\_

VERIFICATION CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

## BANKING REFERENCE

CHECKING # \_\_\_\_\_ BANK \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

OTHER ACCOUNT # AND BANK \_\_\_\_\_ PHONE \_\_\_\_\_

## AUTOMOBILES

MAKE & MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE NO. \_\_\_\_\_ STATE \_\_\_\_\_

MAKE & MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE NO. \_\_\_\_\_ STATE \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

OTHER OCCUPANT: NAME & AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

OTHER OCCUPANT: NAME & AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HAVE YOU EVER FILED FOR BANKRUPTCY? YES \_\_\_\_\_ NO \_\_\_\_\_ BEEN EVICTED? YES \_\_\_\_\_ NO \_\_\_\_\_ REFUSED TO PAY RENT? YES \_\_\_\_\_ NO \_\_\_\_\_

I represent that the foregoing information is true and correct and is given for the purpose of inducing Management to rent to the persons listed on the Apartment Lease and this Application. I understand that untrue statements on this form will result in denial and/or forfeiture of deposit. I authorize any rental investigation company to investigate the above information which may include: credit report, verification of employment and income, criminal record search, unlawful detainer search, rental history references and personal interviews. I authorize any reporting agencies, companies and persons listed above to release rental payment information, employment history, other income, and criminal information to Walnut Trails.

DATE \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

\$ \_\_\_\_\_ APPLICATION FEE PAID IS **NOT REFUNDABLE**.

\$ \_\_\_\_\_ RENTAL DEPOSIT PAID. This payment will be refunded within 7 days after denial of application; however, it is **not refundable** after approval of this application. After approval this deposit is credited to rent.

## OFFICE USE ONLY (IDENTIFICATION)

DRIVER LICENSE NO. \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME ON DRIVER LICENSE \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_