APPLICATION FOR RESIDENCY

RHR Information Services, Inc.
10505 Wayzata Boulevard, Suite 200
Minnetonka, MN 55305
PH (952) 545-3953 FX (952) 545-3973

SITE NAME: _____ RHR ID: _____ APPLICANT DATE: _____ TODAY'S DATE: _____

MONTHLY RENT $: _____ DEPOSIT $: _____ GARAGE $: _____ BLDG #: _____ APT #: _____ LEASE TERM: _____

LEASE START DATE: _____ LEASE END DATE: _____ AGENT: _____ REFERRAL SOURCE: _____

	Last Name	First Name	Middle
Applicant			
Spouse			

	Social Security #	Birth Date	Drivers License	State
Applicant				
Spouse				

	Addresses	City, State & Zip	From / To	Management
Current			/	( ) -
Previous			/	( ) -
Previous			/	( ) -

	Employer / City, State	From / To	Contact /Phone #	Income
App Current		/	( ) -	
App Previous		/	( ) -	
Spouse Current		/	( ) -	
Spouse Prev		/	( ) -	

Bank Reference		Applicant's Phone #		Additional Information	
Institution		Residence		Names of Occupants	
Account #		Work		Pets:	

	Name	Address	Phone Number
Party to Notify In Emergency			
Nearest Friend			
Parent of App.			
Parent of Spouse			

Have You Ever

Refused to Pay Rent When Due: Yes / No Filed for Bankruptcy: Yes / No Discharge Date: _____ Been Evicted: Yes / No

Been Convicted of a Felony: Yes / No If Yes, Explain: _____

Signed Release

I/We authorize RHR Information Services, Inc. (RHR) to do a complete Investigation of all information provided above. I/We have personally filled in and/or reviewed all information listed above. I/We understand failure to complete this form 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 MHPA) and Personal Interviews with above references. 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 on information contained in the report. I/We authorize RHR to provide to the credit grantor federal and state records of employment and income history, including State Employment Security Agency records. This authorization continues for (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed (1) year, allowed by law. My Signature below authorizes all above listed companies to release rental payment information,job history information (including salary) and criminal record information.

APPLICANT SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____

App. State Identification

BIRTH DATE / / VERIFIED BY COMPLEX

DRIVER'S LICENSE NUMBER

FIRST NAME MIDDLE NAME LAST NAME

NO PHOTO

Spouse State Identification

BIRTH DATE / / VERIFIED BY COMPLEX

DRIVER'S LICENSE NUMBER

FIRST NAME MIDDLE NAME LAST NAME

NO PHOTO