



CUSTOMER ID: #1506

SIBLEY MANOR APARTMENTS

Phone: (651) 698-3818 and Fax: (651) 699-4873

APPLICATION FOR APARTMENT OCCUPANCY

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

Office Use Only

BUILDING ADDRESS: _____ APT # _____ REFERRED BY _____

LEASE DATES: FROM _____ TO _____ MOVE IN DATE: _____ LEASING AGENT _____

MONTHLY RENT\$ _____ GARAGES\$ _____ DEPOSIT DATE: _____ DEPOSIT AMT.\$ _____

APPLICATION FEE \$ _____ (Fee is non-refundable) (ONE PERSON PER APPLICATION)
APPLICATION FEE: \$35.00 + \$100 DOWN TO HOLD THE APARTMENT. (THE DOWN PAYMENT OF \$100 + APPLICATION FEE WILL BE APPLIED TOWARDS THE FIRST MONTHS RENT. IF THE APPLICATION IS NOT ACCEPTED, THE \$100 WILL BE REFUNDED, HOWEVER, APPLICATION FEES ARE NON-REFUNDABLE.)

APPLICANT LAST NAME MAIDEN/PREFIX FIRST MIDDLE

HOME PHONE CELL PHONE EMAIL

SOCIAL SECURITY # OR INS # DATE OF BIRTH DRIVERS LICENSE # STATE ISSUED:

PRESENT ADDRESS CITY STATE ZIP

UNIT # FROM TO RENT \$ LANDLORD/PROPERTY NAME PHONE NUMBER

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

VEHICLE INFORMATION LICENSE # YEAR MAKE & MODEL

Have you ever filed bankruptcy? Have you ever been evicted or asked to move? Have you ever been convicted of a crime? Do you have a legal right to be in the United States?

Have you ever resided in any other state? If so, where? Have you ever refused to pay rent? If yes, please explain: If yes, please explain:

I authorize Multihousing Credit Control whose address is: 10125 Crosstown Circle, Suite #100, Eden Prairie, MN 55344 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