



Northern Management
Real Estate Services

Northern Management
1725 W. St. Germain
St. Cloud, MN 56301
(320) 255-9262
Fax: (320) 255-9282

**APPLICATION FOR APARTMENT,
AUTHORIZATION FOR RELEASE
OF CREDIT REPORT AND
CRIMINAL RECORD SEARCH**

Last Name	First Name	Middle	Suffix (Jr/Sr)	Race	Age	Date of Birth	Male/Female
Social Security Number		Home Telephone #		Mobile/Pager		Work #	
Alias, Former/or Maiden Name		Driver's License Number		E-Mail Address			

WHERE HAVE YOU RESIDED FOR THE PAST 3 YEARS? (INCLUDING PARENTS ADDRESS IF APPLICABLE) (PLEASE ACCOUNT FOR ALL RESIDENCY GAPS)							
(PRESENT)	Dates: Month / Year From: / To: /	Apartment, duplex, house, other (circle one) Name:				Monthly Rent Amount \$	
Address		Apt. #	City	County	State	Zip	Reason for moving
Landlord/Management Company or Owner's Name		City & State		Telephone #		Fax #	
(PREVIOUS)	Dates: Month / Year From: / To: /	Apartment, duplex, house, other (circle one) Name:				Monthly Rent Amount \$	
Address		Apt. #	City	County	State	Zip	Reason for moving
Landlord/Management Company or Owner's Name		City & State		Telephone #		Fax #	
(PREVIOUS)	Dates: Month / Year From: / To: /	Apartment, duplex, house, other (circle one) Name:				Monthly Rent Amount \$	
Address		Apt. #	City	County	State	Zip	Reason for moving
Landlord/Management Company or Owner's Name		City & State		Telephone #		Fax #	
PLEASE ADD AN ADDITIONAL PIECE OF PAPER IF NEEDED							

Rental History Information & Authorization for Criminal Record Search: Pursuant with the lease agreement of the apartment complex to which you are applying, a background criminal investigation will be completed on you. By signing this form you are allowing any of the agencies below to release the criminal data maintained in their files, which applies under Statutes & Ordinances. You acknowledge that a photographic copy or telephone facsimile copy shall be as valid as the original.

I hereby authorize the following agencies to disclose my entire criminal history, including warrants, arrests and convictions. The list of possible agencies that will perform the search may include the local Police Department, County Sheriff's Department, Minnesota or any other State Criminal Records file, Government agencies, the Federal Bureau of Investigations, Criminal Justice Information files, Rental Research Services, Inc., Backgroundchecks.com and/or any other private agency.

You have the right to be informed that **NORTHERN MANAGEMENT (NMI)** is requesting a Criminal Background Check to determine if you have any outstanding warrants, arrests or convictions of a crime. **You have the right to:**

1. **be informed by NMI** of the results of a Criminal Background check and to obtain a copy of the results.
2. **to obtain** from the local Police Department, County Sheriff's Department and or The Bureau of Criminal Apprehension, any records that form the basis for the report obtained.
3. **challenge** the accuracy and completeness of information contained in the report or record under section 13.04, subdivision 4.
5. **be informed by NMI** if your application for acceptance has been denied because of the results of this background check.

By signing this application you are authorizing management to inquire with the parties and references given, conduct a criminal and driving history check, and investigate the responsibility and credit of the applicant/guarantor. Applicant hereby certifies that the above is accurate and complete and that any misrepresentation may disqualify the applicant and the security deposit will be forfeited. This release shall be effective for ONE (1) year from the date signed beyond tenancy or until there are not further financial obligations.

Applicant Signature _____

Date _____

Northern Management representative has viewed photo identification and verified signature and address Employee#/Initials: _____

Office Use: Employee #/Initials _____ - Project _____ - Bldg/Apt _____ - Lease # _____

MONTHLY SOURCES OF INCOME	ANTICIPATED MONTHLY SOURCE OF INCOME: WAGES _____ OTHER _____		
Company's Name	City and State		Supervisor/Human Resources Manager
Length of Employment ___ years ___ months	Monthly Income \$	Telephone #	Fax #
OTHER SOURCE OF INCOME			
#1 Source	Monthly Amount \$	Agency's Telephone #	Contact Person
#2 Source	Monthly Amount \$	Agency's Telephone #	Contact Person

MONTHLY ANTICIPATED EXPENSES – How much do you owe each month – include all monthly obligations excluding housing and food			
Credit Cards _____	Vehicle/Student Loans _____	Medical _____	Insurance _____ Other _____

Personal Reference	City & State	Home Telephone #	Work Telephone #	Mobile/Pager #
****EMERGENCY CONTACT MUST BE DIFFERENT THAN PERSONAL REFERENCE LISTED ABOVE AND NOT LIVING AT THE SAME ADDRESS****				
Emergency Contact (Relative)	Relationship	Telephone #	Mobile/Pager #	
Address	City	State	Zip	Work Telephone #

Please circle:

- Yes No 1. Do you currently have, or are applying for this apartment with a pet? If yes, explain: _____
- Yes No 2. Have you ever been evicted, asked to leave a rental property, or delinquent with rental payments?
If yes, explain: _____
- Yes No 3. Have you ever received any violations or complaints for noise or other behavioral issues, unauthorized guests, pets, cleanliness, etc. from a landlord? If yes, explain: _____
- Yes No 4. Do you have any criminal offenses that would be listed on a personal criminal record search?
If yes, explain: _____
- Yes No 5. Do you have any special requirements (physical disability, etc.) or mental challenges that would be a factor in your ability to reside in this rental property? If yes, explain: _____
- Yes No 6. Have you ever been turned over to a collection agency, filed bankruptcy, or have other credit issues that need explanation?
If yes, explain: _____
7. Please rate your credit rating (circle one) - None Poor Fair Good Excellent

PARENT/GUARANTOR INFORMATION (Top line to be filled out by leasing agent)				LEASE NUMBER:	
Resident's Name	Property	Apt #	Length of Lease	Lease Term	
Guarantor's Name	Relationship	Social Security Number		Home Telephone #	
Address	City, State & Zip	Payment/Month	Date of Birth	Mobile #	
Employer	Occupation	Work #	___ Yrs Employed	Income/Month	
Personal Reference (not living at same address)	Relationship	Telephone #	Address	City, State & Zip	
****EMERGENCY CONTACT MUST BE DIFFERENT THAN PERSONAL REFERENCE LISTED ABOVE AND NOT LIVING AT THE SAME ADDRESS****					
Emergency Contact (Relative)	Relationship	Telephone #	Mobile/Pager #		
Address	City	State	Zip	Work Telephone #	
The guarantor should be a direct relative and be gainfully employed. The undersigned does hereby personally guaranty all obligations of the Lease for so long as Lessee is a tenant of Northern Management, its successors or assigns. This guaranty may be terminated upon a two month written notice to Northern Management at the address provided. The notice of termination will be effective for all leases executed subsequent to the date of the notice.					

By signing this Application, the applicant authorizes management to inquire with the parties and references given, conduct a criminal and driving history check, and investigate the responsibility and credit of the applicant/guarantor. Applicant hereby certifies that the above is accurate and complete and that any misrepresentation may disqualify the applicant. Management (acting as agent for the owner of the premises) tenants, and lease guarantors agree to the terms of this application for lease as written above and below these signatures, and on any other attachments that may be made part of this agreement. Management grants equal opportunity to all persons regardless of race, color, creed or religion, national origin, sex, marital status, or status with regard to public assistance or disability.

Parent/Guarantor Signature

Date

The agency authorized to manage these premises and to accept services of process and receive and give receipts for notices and demands is:

NORTHERN MANAGEMENT, 1725 West St. Germain, St. Cloud, MN 56301

70-1672/63-165 © Northern Management 2011-08-23



SIGN THIS BOX ONLY

S I G N →	I authorize the photocopying of this form and the release of employment information to Northern Management.	
	_____ Signature of Applicant	_____ Date
	_____ Signature of Guarantor	_____ Date

APPLICANT SHOULD NOT WRITE BELOW THIS BOX

Employment Verification

Company Name: _____ Telephone: _____ Fax: _____

Re: _____ Social Security Number: XXX-XX-_____

The above named has applied for housing through our company and we must verify income. Therefore, we would appreciate your completing the information requested and faxing or mailing it back to our office.

- | | | |
|----|--|----------|
| 1. | Presently Employed | Yes / No |
| 2. | Date of hire or last date of employment | _____ |
| 3. | Job Title | _____ |
| 4. | Temporary or Permanent | _____ |
| 5. | # of hours worked per week | _____ |
| 6. | Current wages/salary | _____ |
| | (Circle one) hourly, weekly, bi-weekly, semi-monthly, monthly, yearly, other | |
| 7. | Commissions, bonuses, tips, other | _____ |

Comments:

Employer's Signature: _____ Title: _____ Date: _____

Thank you for helping us in our housing application process. If you have any questions, please feel free to call me.

Leasing Agent/Resident Manager (please print)	Project	Direct Phone Number	EXT: _____
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Please fax back to:
320-258-8400 OR

Office Use Only

If phone verification, spoke to (name/title): _____ Date: _____

