



5353 WAYZATA BLVD. #602
MINNEAPOLIS, MN 55416

ASSET
MANAGEMENT
GROUP INC.

Once this application has been approved, you have 24 hours in which to cancel or deposit will be forfeited.

Today's Date: _____



APPLICATION PROCESSING FEE \$ _____
THIS FEE IS NON-REFUNDABLE SHOULD THIS APPLICATION FOR RENTAL BE ACCEPTED OR NOT.

INSERT "NIA" FOR NON-APPLICABLE ITEMS.

UNMARRIED APPLICANTS PLEASE COMPLETE SEPARATE APPLICATIONS.

LEASE TYPE _____ LEASE EFFECTIVE DATE _____ DATE MOVING IN _____
UNIT TYPES: A) EFFICIENCY B) 1 BR C) 2 BR D) 3 BR BLDG. # _____ APT. # _____

APPLICANT (PLEASE PRINT CLEARLY)	DATE OF BIRTH	DRIVER'S LICENSE #	SOCIAL SECURITY #	DEPENDENTS
APPLICANT #1 (COMPLETE LEGAL NAME)				
APPLICANT #2 (COMPLETE LEGAL NAME)				
PRESENT ADDRESS	APT. #	HOW LONG	DATABASE	DO NOT WRITE BELOW TO BE CHECKED BY LEASING AGENT
CITY/STATE/ZIP	HOME PHONE			
PRESENT LANDLORD OR CARETAKER	PHONE #	RENT PAID		
PREVIOUS ADDRESS	APT. #	HOW LONG		
PREVIOUS LANDLORD OR CARETAKER	PHONE #	RENT PAID		

SOURCE OF INCOME (EMPLOYMENT IF EMPLOYED)				
APPLICANT #1	SALARY	PHONE #	POSITION	
ADDRESS AND SUPERVISOR'S NAME			HOW LONG	
PREVIOUS EMPLOYER		PHONE #	HOW LONG	
ADDRESS AND SUPERVISOR'S NAME	REASON FOR LEAVING			
APPLICANT #2	SALARY	PHONE #	POSITION	
ADDRESS AND SUPERVISOR'S NAME			HOW LONG	

ADDITIONAL SOURCE OF INCOME (I.E. PART TIME JOB, ASSISTANCE, DISABILITY)				
SOURCE	AMOUNT	PHONE #		

BANK ACCOUNT (INDICATE BRANCH & SERVICES USED)				
NAME	AMOUNT	PHONE #	<input type="checkbox"/> SAVINGS	
ADDRESS/CITY/STATE/ZIP			<input type="checkbox"/> CHECKING	
			<input type="checkbox"/> LOAN	

BANK ACCOUNT (INDICATE BRANCH & SERVICES USED)				
NAME	AMOUNT	PHONE #	<input type="checkbox"/> SAVINGS	
ADDRESS/CITY/STATE/ZIP			<input type="checkbox"/> CHECKING	
			<input type="checkbox"/> LOAN	

AUTOS				
MAKE	YEAR	LICENSE PLATE #	MODEL & COLOR	
MONTHLY AUTO PAYMENTS \$		PAID TO WHOM (EVEN IF PAID IN FULL)		
MAKE	YEAR	LICENSE PLATE #	MODEL & COLOR	
MONTHLY AUTO PAYMENTS \$		PAID TO WHOM (EVEN IF PAID IN FULL)		

REFERENCES PETS <input type="checkbox"/> YES <input type="checkbox"/> NO KIND:	
APPLICANT #1 (NAME OF FATHER AND/OR MOTHER)	PHONE #
ADDRESS/CITY/STATE/ZIP	
APPLICANT #2 (NAME OF FATHER AND/OR MOTHER)	PHONE #
ADDRESS/CITY/STATE/ZIP	
PERSONAL REFERENCES (NON-RELATIVE)	PHONE #
ADDRESS/CITY/STATE/ZIP	

IN CASE OF EMERGENCY PLEASE CONTACT	
APPLICANT #1 (NAME OF FATHER AND/OR MOTHER)	PHONE #

CREDIT REFERENCES (BE SPECIFIC)		
ACCOUNT NAME/ADDRESS	ACCOUNT #	PHONE #
ACCOUNT NAME/ADDRESS	ACCOUNT #	PHONE #
ACCOUNT NAME/ADDRESS	ACCOUNT #	PHONE #

LIST ALL OCCUPANTS (NAMES)	RELATIONSHIP	AGE

The State of Minnesota Prohibits discrimination in Housing and this form has been reviewed by the Minnesota Department of Human Rights.
Please list on the back other data which may affect the acceptance of this application. The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects and I authorize whatever credit investigation you may consider appropriate.
This investigation may include the exchange of information and a report from a credit reporting agency. If a credit reporting agency furnishes a report its name and address will be furnished upon my request.
IT IS UNDERSTOOD that if apartment is not taken on date agreed upon that the owner and/or its agent will retain the sum of \$ _____ herewith received to be held as rental deposit for entering into said agreement. Also this application is preliminary only and involves no obligation of Owner of its Agent to approve same to deliver occupancy of or tender any lease to said premises.

HOW DID YOU HEAR ABOUT OUR APARTMENTS?		
<input type="checkbox"/> APT SERVICE BOOK	<input type="checkbox"/> APT SERVICE	<input type="checkbox"/> INTERNET
<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> DRIVE BY
<input type="checkbox"/> FRIEND	<input type="checkbox"/> OTHER	
(PLEASE SPECIFY)		

MONEY ENCLOSED:	MONTH:	AMOUNT	SIGNATURE APPLICANT #1
RENT	_____	_____	_____
PARKING	_____	_____	_____
SECURITY DEPOSIT	_____	_____	SIGNATURE APPLICANT #2
OTHER	_____	_____	_____
DESCRIBE	_____	_____	LEASING AGENT