

RENTAL RESEARCH SERVICES, INC.
7525 Mitchell Road, #301, Eden Prairie, Minnesota 55344-1958
1-952-935-5700 · Toll Free 1-800-328-0333 · Fax 1-952-935-9212 · Toll Free 1-800-642-5226

RENTAL APPLICATION

Minneapolis/Saint Paul Edition

RENTAL RESEARCH CODE	COMPLEX				DATE SUBMITTED			DATE RETURNED				
AUTHORIZED USER			PHONE			TIME SUBMITTED			TIME RETURNED			
APARTMENT ADDRESS									APARTMENT	-#		
DATE OF MOVE IN RENT \$			DEI	DEPOSIT \$			PAID CASH CHECK			CHECK #		
APPLICATION PROCESSING	G FEE \$		Hov	w would you	u like this	fee returned	(if applicable)?	□ Mail □ D	estroying it	Holding it for re	etrieval (1 day)	
THIS FEE IS NON-REFUNDA												
INSERT "N/A" FOR NON-APPLICABLE ITEMS. ALL APPLICAPPLICANT (PLEASE PRINT CLEARLY)				Social Security #			Drivers License #		S. Date of Birth		Home Phone #	
Applicant (Complete Legal Name	e)			•							-	
Present Address		APT#		City		Sta	e	ZIP		Number of Dep		
Present Landlord or Caretaker Name			Rer	nt Paid		() -		Dates of Occu	cupancy			
Previous Address APT #				City		From		From ZIP	To Vacate I			
FIEVIOUS Address AFT #				Oity		State		211	vaoate Be			
Previous Landlord or Caretaker Name Re				nt Paid				Dates of Occu	Dates of Occupancy			
							() - F		From To			
SOURCE OF INCOME (EMPLOYMENT IF EMPLOYED) Current Employer or Income Source						Phone #		Dates of Emp	lovment			
Current Employer of Informe Course							() -		• •			
Address		City	State		ZIP	Salary		From Position		To Supervisor's Na	ame	
Previous Employer or Income So	ource					Phone #	-	Dates of Emp	loyment	T		
Address		City	State		ZIP	Reason for L	.eaving	From		То		
ADDITIONAL COURSES OF IN	DOME (: - DA	DT TIME IOD ACCID	TANCE DIO	ADILITY)								
ADDITIONAL SOURCES OF IN Other Income Source Name	Address	City	STANCE, DIS	SABILITY)	State	Э	ZIP	Amount		Source Phone #	* -	
BANK ACCOUNT (INDICATE B	BRANCH)					CHECK SER	RVICES USED			1		
Name of Bank Phone #												
Address	City		State		ZIP	Savings		Account #				
Address City State			State		ZIF] 3-						
AUTO(S)												
Make	Year Lice	ense Plate #	Mod	del & Color		Monthly Auto	Payments (In \$)		Paid To W	hom (Even If Paid	in Full)	
Make	Year Lice	ense Plate #	Mod	del & Color		Monthly Auto	Payments (In \$)		Paid To W	hom (Even If Paid	in Full)	
REFERENCES	II.		l l			PETS (Circle	,	Kind:	 			
Name of Father and/or Mother (Applicant)					City		State			Phone #	-	
Personal References (No Relatives Please) Ad		Address			City		State		ZIP	Phone #	-	
In Case of Emergency Please Contact		Address			City		State		ZIP	Phone #	-	
CREDIT REFERENCES (BE SF Account Name Ad	PECIFIC) dress	City	State	ZIP		Account #	liat /	All Occupants (Na	amos) r	Relationship	Date of Birth	
Account Name Ad	uress	City	State	ZIP		Account #	LIST F	All Occupants (Na	ames) r		Date of Birth	
Account Name Ad	dress	City	State	ZIP		Account #						
Application processing by Renta them to rent to me and is true ar report from a credit reporting ag- history from all state repositories continues in effect for the maxim	nd correct in all ency. I authoriz and/or county	respects. I authorize te the release of hous criminal courts. This	whatever creding history fro release is val	dit investigati om all present id for this trar	ion the man t or previou	agement considers agement considers agement considers agement considers agement agemen	ders appropriate. To ome and employme	his investigation ent history from a	may include the early present or pre	exchange of inform evious employers, a	ation and a and criminal	

Signature Applicant