

# 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Social Security #** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Drivers License** \_\_\_\_\_ **State** \_\_\_\_\_

|           |                      |                      |                      |                      |
|-----------|----------------------|----------------------|----------------------|----------------------|
| Applicant | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Addresses** \_\_\_\_\_ **City, State & Zip** \_\_\_\_\_ **From / To** \_\_\_\_\_ **Management** \_\_\_\_\_

|          |                      |                      |                      |                      |
|----------|----------------------|----------------------|----------------------|----------------------|
| Current  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Previous | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Previous | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Employer / City, State** \_\_\_\_\_ **From / To** \_\_\_\_\_ **Contact /Phone #** \_\_\_\_\_ **Income** \_\_\_\_\_

|                |                      |                      |                      |                      |
|----------------|----------------------|----------------------|----------------------|----------------------|
| App Current    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| App Previous   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse Current | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse Prev    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Bank Reference**

**Applicant's Phone #**

**Additional Information**

|                                  |                                |   |
|----------------------------------|--------------------------------|---|
| Institution <input type="text"/> | Residence <input type="text"/> | Names of Occupants <input type="text"/> |
| Account # <input type="text"/>   | Work <input type="text"/>      | Pets: <input type="text"/>              |

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

|                              |                      |                      |                      |
|------------------------------|----------------------|----------------------|----------------------|
| Party to Notify In Emergency | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Nearest Friend               | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Parent of App.               | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Parent of Spouse             | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**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.

| App. State Identification                                 |                      | <b>NO PHOTO</b>      |
|---|----------------------|----------------------|
| <input type="text"/>                                      | <input type="text"/> |                      |
| <small>BIRTH DATE      VERIFIED BY COMPLEX</small>        |                      |                      |
| <input type="text"/>                                      |                      |                      |
| <small>DRIVER'S LICENSE NUMBER</small>                    |                      |                      |
| <input type="text"/>                                      | <input type="text"/> | <input type="text"/> |
| <small>FIRST NAME      MIDDLE NAME      LAST NAME</small> |                      |                      |

| Spouse State Identification                               |                      | <b>NO PHOTO</b>      |
|---|----------------------|----------------------|
| <input type="text"/>                                      | <input type="text"/> |                      |
| <small>BIRTH DATE      VERIFIED BY COMPLEX</small>        |                      |                      |
| <input type="text"/>                                      |                      |                      |
| <small>DRIVER'S LICENSE NUMBER</small>                    |                      |                      |
| <input type="text"/>                                      | <input type="text"/> | <input type="text"/> |
| <small>FIRST NAME      MIDDLE NAME      LAST NAME</small> |                      |                      |

\_\_\_\_\_  
APPLICANT SIGNATURE      DATE

\_\_\_\_\_  
SPOUSE SIGNATURE      DATE