

Midwest Minnesota Community Development Corporation
119 Graystone Plaza, Suite 100
Detroit Lakes, MN 56501

Rental Application (MARKET RATE) Date _____
Move in Date _____
Building Name _____ Address _____ Apt _____

PERSONAL INFORMATION

You must fill in all information, including phone numbers. If incomplete information is given, your application will be denied.

Applicant _____ Soc. Sec. # _____ Date of Birth _____
Current Phone # _____ Driver's License # _____ State _____
Source of Income, Name \$ Phone # _____
In case of emergency notify _____
Address _____ City/State/Zip _____ Phone # _____
List other individuals to reside in the unit – to include minor children

Co-Applicant _____ Soc. Sec. # _____ Date of Birth _____
Current Phone # _____ Driver's License # _____ State _____
Source of Income, Name \$ Phone # _____
In case of emergency notify _____

RESIDENCE HISTORY

Applicant _____
Present Address _____ Apt # _____ City/State/Zip _____
Dates: From (month, year) _____ To (month, year) _____
Other name(s) on lease _____
Landlord/Owner _____ Phone # _____ Mo. Pmt. \$ _____
Have you ever been convicted of a felony? _____ Yes _____ No
Are you a registered sex offender? _____ Yes _____ No
If you answered yes to either of the above, please explain _____

Co-Applicant _____
Present Address _____ Apt # _____ City/State/Zip _____
Dates: From (month, year) _____ To (month, year) _____
Other name(s) on lease _____
Landlord/Owner _____ Phone # _____ Mo. Pmt. \$ _____

Have you ever been convicted of a felony? _____ Yes _____ No

Are you a registered sex offender? _____ Yes _____ No

If you answered yes to either of the above, please explain _____

INCOME INFORMATION

Applicant Income from all sources _____ Monthly

Co-Applicant Income from all sources _____ Monthly

To the best of my knowledge, the information herein contained is true. I understand that by signing this form I am granting Midwest Minnesota Community Development Corporation permission to verify my credit history, rental references, and criminal background.

Applicant Signature Date

Co-Applicant Signature Date

**AUTHORIZATION FOR RELEASE OF INFORMATION
TO RHR INFORMATION SERVICES, INC. (RHR)**

I, _____
Last Name First Middle Social Security # Date of Birth

I, _____
Last Nam, First Middle Social Security # Date of Birth

Authorize RHR Information Services, Inc. (RHR) to do a complete investigation of all information provided with this application. I (we) have personally filled in and/or reviewed all information listed on the application. I (we) understand failure to complete this form completely and truthfully may result in denial and/or forfeit of any 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 MPHA) 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 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 is for this transaction only and 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 (our) signature(s) below authorizes all companies listed on my application, to release rental payment information, job history information and criminal record information.

Signature _____ Date _____

Signature _____ Date _____