

# RENTAL APPLICATION & APPROVAL TO CHECK REFERENCES

Property Located at 1420 Jefferson St., Alexandria, MN 56308

Unit # \_\_\_\_\_

COURTYARD COMPLEX, LLC  
423 3<sup>rd</sup> Ave. East, ALEXANDRIA, MN 56308  
320-266-4776 / 320-266-4892

Applicant's Name \_\_\_\_\_

Present Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Present Landlord \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Move-In Date \_\_\_\_\_ Lease Term \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Previous Landlord if present is less than 2 years \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Hire \_\_\_\_\_ Yearly Income \_\_\_\_\_

Previous employer if less than 1 year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Spouse's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Hire \_\_\_\_\_ Yearly Income \_\_\_\_\_

Previous employer if less than 1 year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**LIST ALL PERSONS TO OCCUPY UNIT:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has any of the above ever been convicted of a crime? \_\_\_\_\_ If yes, whom? \_\_\_\_\_

What was the offense? \_\_\_\_\_

Felony \_\_\_\_\_ Gross Misdemeanor \_\_\_\_\_ Misdemeanor \_\_\_\_\_

Parole Officer Name \_\_\_\_\_ Parole Officer Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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The undersigned warrants and represents that all statement are true and agrees to execute upon approval of this application a rental agreement. If any statement herein is not true, the management of Courtyard Complex, LLC may terminate the lease. At the time of application, applicant(s) shall pay an application/credit report fee in the amount of \$20. Management has 7 days during which to accept this application. If applicant's application is accepted, but if for some reason applicant does not enter possession of apartment, the security deposit in the amount equal to first month's rent collected at the time of approval of application, shall be retained by management at the start of the agreement. Applicant cannot sue management for any resulting damages but applicant will not start paying rent until he/she gets possession of the apartment. Management is authorized to check my credit ([www.eport.equifax.com](http://www.eport.equifax.com)), employment and criminal history ([www.cch.state.mn.us](http://www.cch.state.mn.us)) and to answer any questions directed to you about your experience with me.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** *There is a \$20 fee per applicant. Please make checks payable to "Courtyard Complex" and mail to 423 3<sup>rd</sup> Ave. East, Alexandria, MN 56308. Application will **NOT** be processed without fee being paid.*