

RENTAL APPLICATION & APPROVAL TO CHECK REFERENCES

Property Located at 505/509 McKay Ave. N, Alexandria, MN 56308

Unit # _____

OAK KNOLL COMPLEX, LLC
P.O. BOX 331, ALEXANDRIA, MN 56308
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 (____) _____ - _____

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 (____) _____ - _____

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 # (____) _____ - _____

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 Oak Knoll 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), employment and criminal history (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 "Oak Knoll Complex" and mail to P.O. Box 331, Alexandria, MN 56308. You can also pay online at www.oakknollcomplex.com. Application will NOT be processed without fee being paid.*