

Atwood Property Management ASP Screening Service

(Date faxed _____)

Property _____

7400 Metro Blvd

Tel: (800) 825-9592

Edina, MN 55439

Fax: (800) 525-9486

Property Address: _____ Apt. # _____ Date of move in: _____ Rent to be paid: \$ _____ .00.

Lease term: _____ Months. Application fee: \$ _____ .00. This non-refundable fee is used to check your background.

This helps to insure a safe and economically viable community. Security Deposit: \$ _____ .00. Date Paid _____

Paid with cash/check # _____ **Application for Rental Housing** Application approved by _____

IMPORTANT: This application must be filled out completely & legibly. All employers and landlords must be listed with phone numbers. If we are unable to reach current and prior landlords your application will not be processed. Only one non-married person per application please.

Complete Name (include full middle name) _____ Date of Birth _____ Social Security Number _____ Drivers License Number _____ State _____

Spouse's Name (include full middle name) _____ Date of Birth _____ Social Security Number _____ Drivers License Number _____ State _____

Current Address (include city, state, Zip code, apartment complex name and apartment number) _____ County _____

Home Telephone _____ Work Telephone _____ Cellular Telephone _____ E-Mail Address _____ (will be used by APM for communications)

Residential History

Current Landlord, Management Company or Owner _____ Telephone Number _____ Dates of Residence _____ Monthly Rental Payment _____

Previous Address (include city, state, Zip code, apartment complex name and apartment number) _____ County _____

Previous Landlord, Management Company or Owner _____ Telephone Number _____ Dates of Residence _____ Monthly Rental Payment _____

Employment and Banking Information

IMPORTANT: If you are receiving assistance please list below the amount, source and caseworkers name and phone number.

Current Source of Income _____ Job Title _____ Date of Hire _____ Salary _____

Supervisor's Name _____ Telephone Number _____

Previous Source of Income or Spouse's Income _____ Job Title _____ Dates of Employment _____ Salary _____

Supervisor's Name _____ Telephone Number _____

Additional Source of Income _____ Telephone Number _____ Amount _____ Duration _____

Bank Name and Location _____ Telephone Number _____ Checking or Savings Account No. (please specify which) _____

Your financial institution may charge you a fee for providing account references!

IMPORTANT: Falsification of information or intentional omission of information on this application is grounds for denial of housing.

Additional Information

Name of person to contact in case of emergency, not living with you _____ Telephone Number _____ Address _____ City, State, Zip _____

List all minor children who will be occupants (first and last names and ages)

Have you ever rented from Atwood Property Management before: Yes/No If yes, Where and when?

Have you ever lived at any address not listed in the past five years? _____ If yes please explain.

Have you been evicted or asked to move in the past five years? _____ If yes please explain.

Have you ever been convicted of a gross misdemeanor or felony? _____ If yes please explain.

Have you ever filed for Bankruptcy chapter 7 or 13? _____ If yes please explain.

Have you ever refused to pay rent when due? _____ If yes, please explain.

Have you ever been infested with bed bugs? _____ If yes, please explain.

Are you a Citizen of the United States? _____

How did you learn about this apartment? Newspaper _____ Drive by _____ Resident _____ Internet _____ Yellow Pages _____ Housing Fair _____ Other _____

I / we represent that the above information is true and correct. I / we understand that Apartment Services Plus, Inc. (ASP), whose office address is 7400 Metro Blvd., Suite 419, Edina, MN 55439 - Telephone: 1-800-825-9592, will conduct an investigation of my / our background(s). I/we authorize and consent to the release of any and all information to ASP that ASP may require including credit, employment, residency/rental, banking, criminal and government financial aid information. Such information may be conveyed to ASP by any means of transmission and ASP is further authorized to report such information to its client. I / we hold ASP harmless from any claims for damages resulting from such information. However, ASP agrees to, upon written request, reinvestigate and report any information that I/we claim as false. **I/we understand that if I/we decide not to rent this apartment and withdraw my application, I/we MAY be charged a \$100.00 processing fee.**

Signature _____ Date _____ Spouse's signature _____ Date _____

NOTE: Auto Info & Rental Criteria on back →

Apartment Services Plus, Inc. complies with all Federal and State equal housing legislation. 4/2009 **Signature required on back →**

To be screened by Apartment Services Plus, Inc. A leader in rental and employment screening nationwide.

7400 Metro Blvd. Suite 419 Edina, MN 55439. Phone (952) 925- 9592, (800) 825-9592. Fax (952) 925-9486, (800) 525-9486

We need the following information:

Name _____ Apt. # _____

Home Phone _____ Work phone _____ Cell Phone _____

Automobile:

Year _____ Make _____ Model _____ Color _____ License _____ Permit _____

Year _____ Make _____ Model _____ Color _____ License _____ Permit _____

Motorcycle:

Year _____ Make _____ Model _____ Color _____ License _____

Thank you very much for your cooperation.

NOTE TO ALL APPLICANTS

ALL applicants will be screened for acceptable past rental references, credit scores, criminal activities, banking verifications, employment verifications and income qualifications. If any of these criteria are not met, you may not be an acceptable candidate for renting with us.

Exceptions may be made for not meeting some of the above criteria. A Guaranty may be needed and the guarantor may be asked to provide an acceptable credit score.

☆ _____ Signature _____ Date _____ Signature _____ Date _____

Manager's Notes: