



Owner or Apartment Complex Name and Phone Number

Expected Move In Date

Rental Address and Unit Number

Rent Amount

Screening Fee

ONLY ONE PERSON PER FORM. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

APPLICANT INFORMATION

Applicant FULL Legal Name (Last, First and Middle)

Date Of Birth

Social Security Number

List All Nicknames, Maiden Names, Former Names, etc.

License Or ID Number

ADDRESS HISTORY

Present Address (Street, Apartment Number, City, State, Zip)

Move In Date

Move Out Date

Present Landlord / Manager / Apartment Complex

Landlord Phone Number (Landline If Possible)

Relationship To Landlord

Rent Amount

Reason For Leaving

Previous Address (Street, Apartment Number, City, State, Zip)

Move In Date

Move Out Date

Previous Landlord / Manager / Apartment Complex

Landlord Phone Number (Landline If Possible)

Relationship To Landlord

Rent Amount

Reason For Leaving

If Neither OF Your Current And Previous Addresses Are Rental, Please List The Most Recent Rental.

Previous Address (Street, Apartment Number, City, State, Zip)

Move In Date

Move Out Date

Landlord / Manager / Apartment Complex

Rent Amount

Landlord Phone Number (Landline If Possible)

EMPLOYMENT HISTORY

Current Employer / Agency / Source Of Income

Hire Date

Position

Company Address

Company Phone Number (No Cell Phone Numbers)

Monthly Salary Or Hourly Rate

Hours Per Week

Full Time / Part Time / Temp

Supervisor's Name

Additional Sources Of Income

Phone Number

Amount Per Month

Previous Employer

From - To

Phone Number

Position

Additional Monthly Expenses (Child Support, Medical Bills, etc.)

Banking Information (Name, Branch Location)

Account Type

Account Number

ADDITIONAL INFORMATION

Have You Ever Filed Bankruptcy? Yes No

Do You Have Any Pets? Yes No

Have You Ever Been Arrested Or Charged With A Crime Other Than A Traffic Violation? Yes No

Have You Ever Been Evicted / Been Asked To Vacate / Not Paid Rent When Due? Yes No

Have You Ever Resided In Another State? Yes No When and Where? _____

Name And Address Of Closest Relative

Phone Number

Name And Address Of Person To Contact In Case Of Emergency

Phone Number

List All Occupants

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

RELEASE

I understand and agree that this application is not a lease and that it may be accepted or rejected by the Lessor. I hereby authorize the Lessor and/or Twin City Tenant Check, Inc. to obtain any and all information available from any organization for the purpose of review of my credit, criminal, rental and employment history. This may include, but is not limited to, consumer credit reports, salary, any additional income sources, reason for termination of employment and/or residency, and public records held by government agencies. I certify the above information is true and complete to the best of my knowledge and understand that any false or misleading information may be grounds for rejection of this application or termination of lease.

Signature of Applicant

Date

Printed Name Of Applicant

Email Address

Home Phone Number

Daytime Phone Number

Cell Phone Number

Auto Make / Model / Plate Number

Auto Make / Model / Plate Number

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Twin City Tenant Check, Inc.

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