The Hamilton 4735 W.123rd Street Savage, MN 55378

Phone: 952-890-8533 Fax: 952-890-7399

## **APPLICANT INFORMATION**

IMPORTANT: This application must be filled out completely. When an applicant is applying for an apartment the applicant provides the application fee. A copy of this completed application and a copy of the application fee serves as a receipt of the \$25.00 application fee.

MANAGER MUST COMPLETE THIS ENTIRE SECTION  BUILDING ADRESS: APT.# REFERRED BY												
											_	
LEASE DATES: FROMTO												
MONTLY RENT\$ GARAGE\$ DEPOSIT DATE: DEPOSIT AMT.\$												
APPLICATION FEE: \$25.00 per person (fee is non-refundable.) It is used to perform a background check as stated in the Statement of Rental Policy.												
LAST NAME: FIRST			NAME:			MIDDLE NAME:			HOME PHONE:			
									CELL PI	CELL PHONE:		
									WORK PHONE:			
SOCIAL SECURITY #: DATE OF			BIRTH: DRIVERS LICENS			E # AND STATE:			W	WHAT SIZE APARTMENT ARE YOU SEEKING?		
PRESENT ADDRESS:					CITY:		STATE:		ZIP:			
UNIT #:	FROM:	TO:		RENT \$:		LANDLORI	D OR C	OMPLEX NAME	& PHONE	:		
PREVIOUS ADDRESS:				CITY:			STATE:			ZIP:		
UNIT#: FROM:		TO:	TO.		RENT \$:		LANDLORD OR COMPLEX NAME			:		
Thomas To.				NΣIVI ψ.			EARLE ON COME EXAMINE AT HORE.					
APPLICANTS PRESENT	EMDI OVED:		PHONE	#.		POSITION				1	DATES:	
LIGHTOT RECENT LIVIL ECTER.			THORE #.			FOSITION	r comon.				DATES.	
ADDRESS:				PART/FULL TIME:			SUPERVISOR:				SALARY (PLEASE PROVIDE DOCUMENTATION OF INCOME)	
OTHER MONTHLY INCO												
OTHER MONTHLY INCOME AND AMOUNT (PLEASE			<b></b>								APPLICANT EMAIL ADDRESS	
PROVIDE DOCUMENTATION OF INCOME)												
VEHICLE INFORMATION: LICENSE # YEAR: MAKE & MODEL												
Have you filed bankruptcy	y? Have you	u ever been evicted	or		J BEEN CONVICTED		DO Y	OU HAVE A LE	GAL RIGH	т то в	E IN THE UNITED STATES?	
YES / NO asked to move? YES / NO			GROSS MISDEMEANOR OR F			Yes, I am a citizen.						
If yes, please explain: Have you ever refused			yes / NO pay rent?							documentation from the U.S. Dept. of Immigration and IS) that allows me to be in the country.		
	YE	ES / NO	ĺ					No				
			ĺ									
I authorize Great Lakes Management Co whose address is 5000 Glenwood Avenue, Golden Valley, MN 55422 to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I / We understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.												
Signature				Date						_		
GREAT LAKES MANAGEMENT CO. 5000 Glenwood Avenue, Golden Valley, MN 55422												
			F	2HONF (7)	(63) 377-1800	FAX	(763)	377-7387				