



Tel: (888) 555-1212

Marcy Park Student Housing Cooperative
700 10th Ave. SE or 1000 8th St. SE
Minneapolis, MN 55414



Fax: (888) 555-1212

Property Address: _____
Unit applying for: _____ Date of move in: _____ Rent to be paid:\$ _____ .00. Lease term: _____ Months.
Application fee: \$ _____ .00. This fee is non-refundable. It is used to check your background. This helps to insure a safe and economically viable community. Security Deposit: \$ _____ 00.

Application for Rental Housing

IMPORTANT: This application must be filled out completely. 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 _____

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

Residential History

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

Telephone _____ Work Telephone _____ Cell Phone Number _____ E-Mail address _____ @ _____

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

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

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

Employment 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 _____

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

Additional Information

Please list two references and contact information. References may not be family members. An example would be a teacher, advisor, or employer.

Reference # 1: _____
Name _____ Telephone Number _____ Relationship _____

Reference # 2: _____
Name _____ Telephone Number _____ Relationship _____

Emergency Contact Person (Family member or next of kin) _____ Telephone Number _____ Address _____

List all other intended occupants (first and last names and ages)

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.

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.

Signature _____ Date _____ Spouse's signature _____ Date _____

Apartment Services Plus, Inc. complies with all Federal and State equal housing legislation.