



Tel: (888) 555-1212

Marshall Student Housing Cooperative

1405 5th Street 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.