

Corporate Address: 17018 Commercial Park Road Brainerd, MN 56401 Corporate Phone #s: Office: 218-454-0383 Fax: 218-829-0383

info@prairielakesmanagement.com

APPLICATION FOR RENTAL HOUSING

IMPORTANT:

In order to be considered for residency, applicants must be at least 18 years old and meet our screening criteria regarding income/credit/rental histories and criminal background results.

- This application must be filled out completely. Failure to do so may result in delays in the application process.
- This application must be filled out accurately. Withholding or falsifying information is grounds for denial.
- Information must be legible and verifiable.
- EACH applicant or co-signer must fill out a separate application.

* Required fields — do not leave blank

APARTMENT/BUILDING APPLYING FOR*		_	'ER RENTED FROM	1 PRAIRIE L	AKES MAN	IAGEMENT
BERRYWOOD APARTMENTS		BEFORE?* NO □ YES □	(Date/Place)			
SOCIAL SECURITY #* (9 digits)	DATE OF BIRTH* (EMAIL ADDRESS			
LAST NAME*	FIR	ST NAME*			MIDDLE	NAME/INITIAL
Check here if applying as a Co-Signer \Box	NAME OF PERSO	N YOU ARE CO-	SIGNING FOR			
CURRENT						
STREET ADDRESS* (Physical Address)	СІТ	Υ*			STATE*	ZIP CODE*
MAILING ADDRESS* (PO BOX or check h	ere if same as above	e □)		PHONE*	номе 🗆	CELL □ WORK □
CURRENTLY (Check box that applies)*: O	WN □ RENT □	OTHER □ (Expla	in)			
LANDLORD/MORTGAGE COMPANY NAM	ΛE	_				
		HOW LONG H	AVE YOU LIVED A YE	T THIS ADD ARS □ MO		
LANDLORD PHONE #		•				
			SAGE PYMT □ \$		(1	f none, enter –0-)
PREVIOUS (Check here if at current address	ess 5 years or longer 🗆	and proceed to	next page)			
STREET ADDRESS* (Physical Address)	CIT	γ*			STATE*	ZIP CODE*
PREVIOUSLY (Check box that applies)*: O		OTHER 🗆 (Expla	in)			
LANDLORD/MORTGAGE COMPANY NAM	ΛE	HOW LONG	G DID YOU LIVE AT	THIS ADDI	RESS?*	
			YEA	ARS 🗆 MOI	NTHS 🗆	
LANDLORD PHONE #		MON	THLY RENT 🗆 🔓			If nana auton 01
		MORTO	SAGE PYMT \$		(If none, enter –0-)

EMPLOYMENI/INCOME* (All sources of income	must be verifiable)				
CURRENT SOURCE OF INCOME (Check all that apply):					
EMPLOYMENT ☐ (Status: Full-time ☐ Part-time	e 🗆 Seasonal 🗆 Se	elf 🗆) MONTH	HLY INCOME (Total al	I jobs): \$	
	_				
RETIREMENT/DISABILITY MONTHLY INCO		1001	5101.0	USIAL AID (STUDENIT LOANIS	
STUDENT ☐ (Status: Full-time ☐ Part-time ☐	NAME OF SCE	NAME OF SCHOOL		NCIAL AID/STUDENT LOANS:	
				Yes □ No □	
OTHER (Explain)			MONTHLY INC	COME: \$	
CURRENT 1				NG HAVE YOU BEEN	
NAME OF EMPLOYER	POSITION			S EMPLOYER? YEARS □	
				ONTHS 🗆	
CURRENT 2 (if applicable)				NG HAVE YOU BEEN	
NAME OF EMPLOYER	POSITION			EMPLOYER?	
				YEARS 🗆	
			M	ONTHS 🗆 🗀	
PREVIOUS NAME OF EMPLOYER	POSITION		HOW LON	NG WERE YOU WITH PLOYER?	
				YEARS 🗆	
			M	ONTHS 🗆	
ADDITIONAL INFORMATION (Not required if you are	a co-signer — proce	eed to next pag	e)		
VEHICLE #1 MAKE MODEL		YEAR	COLOR	LICENSE PLATE#	
		_			
VEHICLE #2 MAKE MODEL		YEAR	COLOR	LICENSE PLATE#	
EMERGENCY CONTACT NAME*		EMERO	SENCY CONTACT PH	ONE #*	
OTHER OCCUPANTS* (i.e. roommates, children, spouse)	Check here i	f none □			
NAME		AGE	RELATIONSHIP TO APPLICANT		
			1		
NAME	AGE	RELATIONSHIP TO APPLICANT			
NAME	AGE	RELATIONSHIP	TO APPLICANT		
NAME	AGE	RELATIONSHIP	TO APPLICANT		
] [

Note: All occupants over 18 must file a separate application and pay a separate application fee.

A parent or legal guardian must reside with all occupants under the age of 18.

ADDITIONAL INFORMATION*

Have you ever been evicted from te	enancy or had an unlawful/forcible detainer s	served on you?
No ☐ Yes ☐ (If yes, explain)		
Have you ever lived at any address	not listed in the past 5 years?	
No □ Yes □ (If yes, explain)		
List of any other states you have lived in		
Have you ever been convicted of, p	leaded "guilty" or "no contest to" a gross mis	sdemeanor or felony?
No □ Yes □ (If yes, explain)		
Are you registered as a sex offender	r? No □ Yes □	
Have you ever declared bankruptcy	?	
No ☐ Yes ☐ (If yes, explain)		
investigation of my background in connectio Management. I authorize and consent to the including credit, employment, residency/ren may be transmitted to TenantReports.com b information to Prairie Lakes Management. I	ication is true and correct. I understand that in with the processing of my application to receive release of any and all information to Tenant atal, banking, criminal and government financely any means of transmission and TenantRepenblod TenantReports.com and Prairie Lakes Mowever, TenantReports.com agrees, upon wr	ent residential property from Prairie Lakes tReports.com that they may require, cial aid information. Such information orts.com is authorized to report such lanagement harmless from any claims for
Printed (Typed) Name*	Signature*	Date* (mm/dd/yyyy)
If you have questions	regarding information from your credit repo TenantReports.com P.O. Box 450 Springfield, PA 19064 Phone: 855-244-2400	ort, please contact:
Each application must be submitted with NO CASH IS ACCEPTED.	n a \$35.00 non-refundable application fed	e. <u>CHECK OR MONEY ORDER ONLY</u> .
EQUAL HOUSING OPPORTUNITY TenantReports.com, LLC and Prairie Lakes Managem	ent, LLC comply with all Federal & State equal housing lo	egislation.
•	This section to be completed by Prairie Lakes	
	Management site manager:	
	Lease term:	
	Move-in date:	

Rent amount: _____