



EQUAL HOUSING OPPORTUNITY

**RENTAL APPLICATION**

**APPLICATION PROCESSING FEE \$30.00.**

**THIS IS A NON REFUNDABLE FEE.**

**APPLICANT:**

Full legal name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Social Security # \_\_\_\_\_ Drivers License# \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

**\*\*Property Applying for:** \_\_\_\_\_

Move In Date \_\_\_\_\_ Move Out Date \_\_\_\_\_

**\*\*Present Landlord** \_\_\_\_\_ Landlord Phone \_\_\_\_\_

Present Address \_\_\_\_\_

**\*\*Previous Landlord** \_\_\_\_\_ Landlord Phone \_\_\_\_\_

Previous address \_\_\_\_\_

**SOURCE OF INCOME**

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ How Long? \_\_\_\_\_ Net monthly income \_\_\_\_\_

Other sources of income \_\_\_\_\_

**VEHICLE INFORMATION**

Make/model \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

**PERMANENT ADDRESS** (Parent or co-signor):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Local emergency contact name: \_\_\_\_\_ Phone \_\_\_\_\_

\*Have you ever: Filed for bankruptcy? \_\_\_ Yes \_\_\_ NO

\*Been evicted from tenancy? \_\_\_ Yes \_\_\_ NO

\*Have you ever had a noise violation? \_\_\_ Yes \_\_\_ NO

\*Willfully or intentionally refused to pay rent? \_\_\_ YES \_\_\_ NO

If yes to any of these questions, explain: \_\_\_\_\_

Do you smoke? \_\_\_ YES \_\_\_ NO

If applying for student housing, current year in school \_\_\_\_\_ Major \_\_\_\_\_

**PETS ARE NOT ALLOWED IN ANY BUILDING WE MANAGE.**

If no permanent source of income, a student, or if no previous rental history, a co-signature will be required on all leases. **I will secure a co-signature \_\_\_ Yes \_\_\_ No. Co-signers are required on all student leases.**

It is agreed and understood that this application for lease is taken subject to approval of management. If approved and resident refuses to lease, the management will retain the security deposit.

Applicant hereby certifies that the above is accurate and complete and that any misrepresentation will disqualify the applicant. I understand that Dan McMullen, or his agent may conduct a search of my background. I understand that this may include credit, employment, residential and criminal history. I authorize Dan McMullen to conduct whatever they deem necessary, I further authorize the release of any information to Dan McMullen or his agent.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Dan McMullen does comply with all Federal and State Equal Housing Laws and Legislation.

**SECURITY DEPOSIT AND APPLICATION FEE MUST BE TURNED IN TO COMPLETE APPLICATION PROCESS.**

**Mailing Address: McMullen Properties  
11283 Kimball Ave NW  
Annandale, MN 55302**

