RESIDENTIAL RENTAL APPLICATION

Landlord: Ben Fyvie	
Address of Rental Property: 526 North 5th St. Apt. B, Mankato, MN 56001	
Desired Date of Occupancy:	Desired Length of Occupancy:
Total Number of Occupants Including Adults and Children:	
APPLICANT INFORMATION	ID ((B) #
Name:	Date of Birth:
Social Security No.:	Driver's License No:
Phone:	Email:
RENTAL HISTORY	
Present Address:	
Length at Present Address:	Current Rent Payment:
Landlord's Name:	Landlord's Phone No.: ()
Reason for Moving:	,
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Prior Address:	
Length at Prior Address:	Prior Rent Payment:
Landlord's Name:	Landlord's Phone No.: ()
Reason for Moving:	
CURRENT EMPLOYER	
CURRENT EMPLOYER	
CURRENT EMPLOYER Employer:	Rusiness Phone: (
Employer:	Business Phone: ()
Employer: Position:	Length of Employment:
Employer: Position: Supervisor:	` '
Employer: Position:	Length of Employment:
Employer: Position: Supervisor:	Length of Employment:
Employer: Position: Supervisor:	Length of Employment:
Employer: Position: Supervisor:	Length of Employment:
Employer: Position: Supervisor: Other Income Sources:	Length of Employment:
Employer: Position: Supervisor: Other Income Sources: PETS Yes No	Length of Employment: Annual Income:
Employer: Position: Supervisor: Other Income Sources: PETS Yes No Name:	Length of Employment: Annual Income: Name:
Employer: Position: Supervisor: Other Income Sources: PETS Yes No Name: Type/Breed: Size:	Length of Employment: Annual Income: Name: Type/Breed:
Employer: Position: Supervisor: Other Income Sources: PETS Yes No Name: Type/Breed: Size: MISCELLANEOUS	Length of Employment: Annual Income: Name: Type/Breed: Size:
Employer: Position: Supervisor: Other Income Sources: PETS Yes No Name: Type/Breed: Size:	Length of Employment: Annual Income: Name: Type/Breed:
Employer: Position: Supervisor: Other Income Sources: PETS Yes No Name: Type/Breed: Size: MISCELLANEOUS	Length of Employment: Annual Income: Name: Type/Breed: Size:
Employer: Position: Supervisor: Other Income Sources: PETS	Length of Employment: Annual Income:
Employer: Position: Supervisor: Other Income Sources: PETS	Length of Employment: Annual Income:

If yes to any of the above, please explain:

CO-APPLICANT INFORMATION Name: Date of Birth: Social Security No.: Driver's License No: Phone: Email: **CO-APPLICANT RENTAL HISTORY** Present Address: Length at Present Address: **Current Rent Payment:** Landlord's Phone No.: Landlord's Name: Reason for Moving: Prior Address: Length at Prior Address: Prior Rent Payment: Landlord's Name: Landlord's Phone No.: Reason for Moving: **CO-APPLICANT CURRENT EMPLOYER** Business Phone: (Employer: Position: Length Of Employment: Supervisor: Annual Income: Other Income Sources: ☐ Yes **CO-APPLICANT PETS** ☐ No Name: Name: Type/Breed: Type/Breed: Size: Size: **CO-APPLICANT MISCELLANEOUS** Water Bed: ☐ Yes □ No Smoker: ☐ Yes □ No Have you ever been evicted from any rental premises? ☐ Yes ☐ No

If yes to any of the above, please explain:

Have you ever been convicted of a felony?

Have you ever willfully and intentionally refused to pay rent when due?

☐ Yes

☐ Yes

□ No

□ No

NAMES OF OTHER TENANTS, INCLUDING CHILDREN AND ANYONE WHO WILL LIVE WITH YOU (EVEN ON A TEMPORARY BASIS)

(EVEN ON A TEMPORARY BASIS)	
Name:	Adult: Child's Age:
Present Address:	Home Phone No.: ()
Length at Present Address:	Relationship:
Occupation:	
Name:	Adult: Child's Age:
Present Address:	Home Phone No.: ()
Length at Present Address:	Relationship:
Occupation:	
Name:	Adult: Child's Age:
Present Address:	Home Phone No.: ()
Length at Present Address:	Relationship:
Occupation:	
I represent that the information provided in this A knowledge. I understand that this Application is not a rental a create any obligation on the Landlord. I understand that the information provided might accept this Application. I authorize Landlord to a including banking and personal references and I also authorize and Landlord to perform a consent to the release of information relating in this application.	agreement and that this Application does not t be used by Landlord to determine whether to verify all the information given in this application, employment information provided. credit check and a criminal history check.
Applicant's Signature	Date
Co-Applicant's Signature	 Date
Please complete the application as completely	as you can and then return to:

Please complete the application as completely as you can and then return to: Ben Fyvie 526 North 5th St. Apt. A Mankato, MN 56001

Should you have any questions, you may contact Ben at (507) 382-9561