

AmberField Place Apartments
 227 Drew Ave SE
 Madelia, MN 56062

PHONE: 507-642-8701
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APPLICANT INFORMATION
Diane Thormodson – Marketing and Leasing

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/or prior landlords, your application will not be processed. Only one non-married person per application please.

MANAGER MUST COMPLETE

BUILDING ADDRESS: _____ APT.# _____ REFERRED BY _____
 LEASE DATES: FROM _____ TO _____ MOVE IN DATE: _____ LEASING AGENT _____
 MONTHLY RENT\$ _____ GARAGE\$ _____ DEPOSIT DATE: _____ DEPOSIT AMT.\$ _____
 APPLICATION FEE: \$ _____ (fee is non-refundable.) It is used to check your background and will insure a safe community.

APPLICANT #1 LAST NAME :	FIRST	MIDDLE	HOME PHONE: CELL PHONE: WORK PHONE:
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SOCIAL SECURITY #	DATE OF BIRTH	DRIVERS LICENSE # AND STATE:
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APPLICANT #2 (SPOUSE) LAST NAME:	FIRST	MIDDLE	HOME PHONE: CELL PHONE: WORK PHONE:
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SOCIAL SECURITY #	DATE OF BIRTH	DRIVERS LICENSE # AND STATE:
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PRESENT ADDRESS :	CITY	STATE	ZIP
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UNIT #	FROM	TO	RENT \$	LANDLORD OR COMPLEX NAME & PHONE:
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PREVIOUS ADDRESS:	CITY	STATE	ZIP
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UNIT#	FROM	TO	RENT \$	LANDLORD OR COMPLEX NAME & PHONE:
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2 ND PREVIOUS ADDRESS:	CITY	STATE:	ZIP
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UNIT#	FROM	TO	RENT\$	LANDLORD OR COMPLEX NAME & PHONE:
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APPLICANTS PRESENT EMPLOYER	PHONE #	POSITION	DATES
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ADDRESS	PART/FULL TIME	SUPERVISOR	SALARY
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SPOUSE'S EMPLOYER	PHONE #	POSITION	DATES
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ADDRESS	PART/FULL TIME	SUPERVISOR	SALARY
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OTHER INCOME/SOURCE	PHONE #	CONTACT	AMOUNT
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ADDITIONAL OCCUPANTS:	EMERGENCY CONTACT NAME & NUMER:
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VEHICLE INFORMATION: LICENSE #	YEAR:	MAKE & MODEL
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Have you filed bankruptcy? YES / NO If yes, please explain:	Have you ever been evicted or asked to move? YES / NO Have you ever refused to pay rent? YES / NO	HAVE YOU BEEN CONVICTED OF A GROSS MISDEMEANOR OR FELONY? YES / NO	DO YOU HAVE A LEGAL RIGHT TO BE IN THE UNITED STATES? <input type="checkbox"/> Yes, I am a citizen. <input type="checkbox"/> Yes, I have valid documentation from the U.S. Dept. of Immigration and Naturalization (INS) that allows me to be in the country. <input type="checkbox"/> No
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I / We authorize Great Lakes Management whose address is 5000 Glenwood Avenue, Golden Valley, MN 55422 to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I / We understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

 Signature Date Signature Date