



8630 Summer Wind Alcove, Woodbury, MN 55125

Office: 651-738-3487

Fax: 651-578-2513

EXPECTED MOVE IN DATE: ____/____/____

LEASE TERMS: 12 MONTHS

NEW SEASONS VILLAS ADDRESS:

ALL SECTIONS MUST BE COMPLETED - INCOMPLETE APPLICATIONS CAN BE REJECTED

APPLICANT INFORMATION

Applicant's Full Legal Name (First, Middle, Last)

Date of Birth
____/____/____

Social Security Number
____/____/____

Email Address :

Phone Number:

(Driver's License # and State) OR ID Number

Marital Status: Single Married Divorced
Maiden/Previous Names:

VEHICLE

Make/Model/Color License Plate Number State

Make/Model/Color-License Plate Number-State

ADDRESS HISTORY

CURRENT

PREVIOUS

Street Address

Previous Street Address

City State Zip
____/____/____

City State Zip
____/____/____

Date you Moved In Date you Moved Out

Date you Moved In Date you Moved Out

Landlord/Lender Company Phone Number

Landlord/Lender Company Phone Number

City State Zip

City State Zip

\$

\$

Reasons For Leaving Monthly Payment

Reasons For Leaving Monthly Payment

On the Lease/Mortgage? Yes No
Given written notice? Yes No

On the Lease/Mortgage? Yes No
Given written notice? Yes No

EMPLOYMENT HISTORY

CURRENT

PREVIOUS

Employer/Agency/Source Of Income

Employer/Agency/Source Of Income

Address City State Zip

Address City State Zip

Position Hire Date

Position Hire Date End Date

Supervisor's Name Phone Number

Supervisor's Name Phone Number

\$

\$

Gross Salary: Monthly

Gross Salary: Monthly

ADDITIONAL SOURCES OF INCOME/EXPENSES

Additional Sources Of Income \$ _____ Amount Per Month

Additional Monthly Expenses (Child Support, Medical Bills) \$ _____ Auto Payments \$ _____ Loans _____

ADDITIONAL INFORMATION

Emergency Contact Name _____ Phone Number _____ Relationship _____

How did you find the Seasons Villas? _____

Additional Notes To Management: _____

LIST LEGAL NAMES OF ALL OTHER PEOPLE OCCUPYING THE TOWNHOME

Name	Age	Relationship
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Name	Age	Relationship
------	-----	--------------

Name	Age	Relationship
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HISTORY

- | | | | |
|---|--------------------------|-----------|--------------------------|
| Have you ever been asked to move out? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| Have you ever been evicted? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| Have you ever filed bankruptcy? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| Have you ever been sued for damage to a rental unit? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| Have you ever broken a rental agreement or lease? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| Have you ever been sued for nonpayment of rent? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| Have you ever been convicted of a felony? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| Have you ever been arrested or charged w/a crime? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| Do you have any pets? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| Have you ever asked for a neutral reference from a previous landlord? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| Do you have any loans in default? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| Do you have items in collections or history of late payments? | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |

I hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be cancelled by the Landlord if any of the information provided in the application is materially inaccurate or incomplete.

I hereby authorize the Landlord or the Landlord's agents to verify the information on the application. Verification or re-verification of any information contained in the application will be retained by the landlord. I hereby authorize Landlord or Landlord's agents to obtain information about me, including, but not limited to, this application, my credit, my tenant history, my check writing history, any court records and/or my criminal record, and I hereby authorize and instruct any entity or person contacted by the Landlord or Landlord's agents to release such information to them. Upon request, Landlord or Landlord's agents will provide the name and phone number of the source of the information used in the verification process.

- | | | | |
|---|--------------------------|-----------|--------------------------|
| I have read and understand the Resident Selection Criteria | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| I understand the application fee is non-refundable | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |
| I have completed all information or answered Non-Applicable (N/A) | <input type="checkbox"/> | YES OR NO | <input type="checkbox"/> |

COPY OF DRIVER'S LICENSE	<input type="checkbox"/>
\$40 APPLICATION FEE	<input type="checkbox"/>
2 MOST RECENT PAYSTUBS	<input type="checkbox"/>

Agreed To:

Applicant Signature _____

Date _____

Owner/Owner's Agent Signature _____

Date _____

As an equal opportunity housing provider, The Seasons Villas provides housing opportunities regardless of race, color, national origin, religion, sex, physical or mental disability, familial status or any other classification protected by applicable federal, state or local law.

