



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 ____/____/____
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Email Address :	Phone Number:
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(Driver's License # and State) OR ID Number	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced Maiden/Previous Names:
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VEHICLE

Make/Model/Color	License Plate Number	State	Make/Model/Color-License Plate Number-State
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ADDRESS HISTORY

<u>CURRENT</u>			<u>PREVIOUS</u>				
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?		<input type="checkbox"/> Yes	No <input type="checkbox"/>	On the Lease/Mortgage?		<input type="checkbox"/> Yes	No <input type="checkbox"/>
Given written notice?		<input type="checkbox"/> Yes	No <input type="checkbox"/>	Given written notice?		<input type="checkbox"/> Yes	No <input type="checkbox"/>

EMPLOYMENT HISTORY

<u>CURRENT</u>				<u>PREVIOUS</u>			
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
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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.

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|---|--------------------------|-----------|--------------------------|
| 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.

