Crown Property Management LLC

809 Paul Bunyan Dr S
P.O.Box 946
Bemidji, Minnesota 56619-0946
218-751-5699

APPLICATION FOR RENTAL HOUSING

In order to be considered for residency, applicants must be at least 18 years old and meet our screening criteria regarding income/credit/rental histories and criminal background results.

- A positive credit history is required with a score of 625 or higher. An adverse credit reference, high debt, past due or dishonored debt, or the absence of credit history may be grounds for rejection.
- Applicants who have any criminal records may be rejected.
- Applicants who have a civil judgment, record of bankruptcy, or liens may be rejected.
- Verifiable income from all sources must be sufficient to pay the applicant's rent. Gross monthly income must be at least two and a half times the amount of monthly rent.
- This application must be filled out completely. Failure to do so may result in delays in the application process.
- This application must be filled out accurately. Withholding or falsifying information is grounds for denial.
- Information must be legible and verifiable.
- EACH applicant or co-signer must fill out a separate application and submit with a $50.00 non-refundable application fee.
- If for ANY reason, YOU rescind (withdraw) your application and paid a security deposit to reserve a unit, the deposit will NOT BE RETURNED unless Crown Property Management denies your application.

PLEASE PRINT AND ANSWER ALL QUESTIONS

APPLICANT.

Applicant Name (Print - First Name, Middle Name, Last Name)	
Address (Street)	City/State/Zip
Social Security # or ITIN	Date of Birth
Cell Phone	Home Phone
Email	

OTHER OCCUPANTS. List below the names of *all other* persons (in addition to "Applicant" above) to occupy Apartment regularly, Occupancy is *restricted* to individuals listed. All occupants over 18 must file a separate application. A parent or legal guardian must reside with all occupants under the age of 18.

Full Name	Relationship	Age of Children	Remarks

How many autos will you keep in the area? _____

Make _____/Model_____/Year _____/Color _____/License No. _____

Make _____/Model_____/Year _____/Color _____/License No. _____

EMERGENCY CONTACT INFORMATION.

	Name & Relationship	Telephone
No. 1		
No. 2		

YOUR RESIDENCE.

Current		Previous (if over 5 years ago proceed to the next page)	
City/State/Zip		City/State/Zip	
Own/Rent/Other		Own/Rent/Other	
Landlord/Mortgage Company Name		Landlord/Mortgage Company Name	
Landlord Phone #		Landlord Phone #	
Years at this Address	Payment Amount	Years at this Address	Payment Amount

CURRENT EMPLOYMENT/INCOME (All sources of income must be verifiable).

Employment _____ (Status: Full-time _____ Part-time _____ Seasonal _____ Self _____) Monthly Income (all jobs): $ _____

Retirement/Disability _____ Monthly Income: $ _____

Student _____ (Status: Full-time _____ Part-time _____) School _____ Financial Aid/Student Loans: Yes _____ No _____

Other _____ (Explain) _____ Monthly Income: $ _____

Name of Employer	Your Supervisor _____ Your Position _____ Your Annual Income _____	Business Telephone _____ How Long Employed _____

Name of Employer (previous)	Your Supervisor _____ Your Position _____ Your Annual Income _____	Business Telephone _____ How Long Employed _____

List of any other states you have lived in _____

Are you registered as a sex offender? Yes _____ No _____ Have you ever been convicted of a crime? Yes _____ No _____ (If yes, explain)

_____

Have you ever been dispossessed for non-payment of rent or otherwise failed to meet your lease obligations? Yes _____ No _____

Have you ever declared bankruptcy? Yes _____ No _____

Do you have a pet? Yes _____ No _____

I represent that the information on this application is true and correct. By signing below, I do hereby authorize Crown Property Management and its affiliates to make credit inquiries, verify employment, previous rental history, criminal background & other references necessary to approve or deny this application.

If you have questions regarding information from your credit report, please contact:
TenantReports.com * PO Box 450 * Springfield, PA 19064 * Phone: 855-244-2400

Applicant: X _____ _____
Date

Office Use Only

Apt. No.	No. of Bedrms	No. of Baths	Monthly Rental	Security Deposit	Length of Lease	Date Lease Begins	Date Lease Ends	Rent Payable
			$	$				by 1st
Remarks:								