

LEXINGTON HILLS APT. HOMES

4116 LEXINGTON AVENUE SOUTH

EAGAN, MN 55123 TEL (651) 452-0313

SITE: _____

RHR ID: _____

APPLICATION FOR RENTAL OCCUPANCY

RHR Information Services, Inc.

10505 WAYZATA BLVD., SUITE 200 - MTKA., MN 55305

PHONE (952) 545-3953 FAX (952) 545-3973

TOLL-FREE (888) 389-4023 FAX (888) 389-4024

	_____ Last Name _____	_____ First Name _____	_____ Middle _____	_____ Social Security # _____	_____ Birth Date _____
Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	_____ Addresses _____	_____ Apt # _____	_____ From / To _____	_____ City _____	_____ State _____	_____ Zip _____	_____ Caretaker (Phone #) _____
Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	_____ Employer / Address, City, State, Zip _____	_____ From / To _____	_____ Contact _____	_____ Phone # _____	_____ Salary _____
Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Previous OR Spouse Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

_____ Account Reference _____	_____ Applicant's Phone # _____	_____ Drivers License _____	_____ State _____
Bank Name <input type="text"/>	Residence <input type="text"/>	(App.) License # <input type="text"/>	<input type="text"/>
Account # <input type="text"/>	Work <input type="text"/>	(Spouse) License # <input type="text"/>	<input type="text"/>

_____ Additional Information _____		
Names of Occupants <input type="text"/>	Party to Notify In Emergency <input type="text"/>	Name / Address / Phone # <input type="text"/>
Pets: <input type="text"/>	Nearest Friend <input type="text"/>	<input type="text"/>
Have You Ever:	Refused to Pay Rent When Due: Yes / No	Filed for Bankruptcy: Yes / No
		Been Evicted: Yes / No

_____ Signed Release _____			
I/WE AUTHORIZE RENTAL HISTORY REPORTS TO DO A COMPLETE INVESTIGATION OF ALL INFORMATION PROVIDED ABOVE. I HAVE PERSONALLY FILLED IN AND/OR REVIEWED ALL INFORMATION LISTED ABOVE. I UNDERSTAND FAILURE TO COMPLETE THIS FORM COMPLETELY AND TRUTHFULLY MAY RESULT IN DENIAL AND/OR FORFEIT OF DEPOSIT. A COMPLETE INVESTIGATION MAY INCLUDE ANY OR ALL OF THE FOLLOWING: CREDIT REPORT, CRIMINAL RECORD, RENTAL HISTORY REFERENCES (INCLUDING MHPA) AND PERSONAL INTERVIEWS WITH ABOVE REFERENCES. I/WE AUTHORIZE RENTAL HISTORY REPORTS TO PROVIDE TO THE CREDIT GRANTOR FEDERAL AND STATE RECORDS OF EMPLOYMENT AND INCOME HISTORY, INCLUDING STATE EMPLOYMENT SECURITY AGENCY RECORDS. THIS AUTHORIZATION IS FOR THIS TRANSACTION ONLY AND CONTINUES FOR (1) YEAR UNLESS LIMITED BY STATE LAW, IN WHICH CASE THE AUTHORIZATION CONTINUES IN EFFECT FOR THE MAXIMUM PERIOD, NOT TO EXCEED (1) YEAR, ALLOWED BY LAW. MY/OUR SIGNATURE(S) BELOW AUTHORIZES ALL ABOVE LISTED COMPANIES TO RELEASE RENTAL, JOB HISTORY (INCLUDING SALARY) AND CRIMINAL RECORD INFORMATION.			
_____ APPLICANT SIGNATURE _____	_____ DATE _____	_____ SPOUSE SIGNATURE _____	_____ DATE _____