

## APPLICATION FOR APARTMENT OCCUPANCY AGREEMENT

Move in Date _____	Rent \$ _____	Deposit \$ _____	Paid: Money Order _____	Check _____	Check # _____
Application Processing Fee \$ _____			Paid: Money Order _____	Check _____	Check # _____

INSERT "N/A" FOR NON-APPLICABLE ITEMS.		UNMARRIED APPLICANTS PLEASE COMPLETE SEPARATE APPLICATIONS			
<b>APPLICANT (PLEASE PRINT CLEARLY)</b>		Date of Birth	Driver's License #	Social Security #	Dependants
Applicant # 1 (Complete Legal Name)					
Applicant # 2 (Complete Legal Name)					
Present Address		Apt #	How Long?	Data Base	DO NOT WRITE BELOW To be Checked By Leasing Agent
City	State	Zip Code	Home Phone		
Present Landlord or Caretaker		Rent Paid	Phone		
Previous Address		Apt #	How Long?		
Previous Landlord or Caretaker		Rent Paid	Phone		

<b>SOURCE OF INCOME (EMPLOYMENT IF EMPLOYED)</b>				
For Applicant #1	Salary	Position	Phone	
Address	Supervisor's Name		How Long?	
Previous Employer			Phone	
Address	Reason for Leaving		How Long?	
For Applicant #2	Salary	Position	Phone	
Address	Supervisor's Name		How Long?	

<b>ADDITIONAL SOURCE OF INCOME (PART-TIME JOB, ASSISTANCE, DISABILITY)</b>			
Source	Income	Phone	

<b>BANK ACCOUNT (INDICATE BRANCH - INDICATE SERVICES USED)</b>			
Name	Account #	Phone	Savings ___ Checking ___ Loan ___
Address		Zip	

<b>AUTO(S)</b>			
Make	Year	License Plate #	Model & Color
Monthly Auto Payment \$		Paid to Whom (Even if Paid in Full)	
Make	Year	License Plate #	Model & Color
Monthly Auto Payment \$		Paid to Whom (Even if Paid in Full)	

## APPLICATION FOR APARTMENT OCCUPANCY AGREEMENT – CONTINUED

<b>REFERENCES</b>		PETS No ___ Yes ___ Kind		
Name of Father and/or Mother (Applicant #1)			Phone	
Address	City	State	Zip	
Name of Father and/or Mother (Applicant #2)			Phone	
Address	City	State	Zip	
Personal References (No Relatives, Please)			Phone	
Address	City	State	Zip	
IN CASE OF EMERGENCY, PLEASE CONTACT			Phone	
Address	City	State	Zip	

<b>CREDIT REFERENCES (BE SPECIFIC)</b>			
Account Name	Address	Account #	
Account Name	Address	Account #	
Account Name	Address	Account #	

List All Occupants (Names)	Relationship	Age

**Contact Information:**  
 Deer Park Apartments  
 309 North High Drive "Office"  
 Hutchinson, MN 55350  
 (320) 234-6019

\_\_\_\_\_  
**Signature Applicant #1**

\_\_\_\_\_  
**Signature Applicant #2**

**UNDERSTANDINGS:**

1. This application is taken subject to the approval of the owner and/or managing agent.
2. If this application is accepted, I will rent # \_\_\_\_\_ at, \_\_\_\_\_ for the term of \_\_\_\_\_ from \_\_\_\_\_, 20\_\_\_\_, according to the terms and conditions of the Lease attached hereto and will sign said Lease within five (5) days after notification that my application is accepted.
3. I understand the Lease is made on the strength of this application and it may be terminated at any time at the owner/agents option if any information herein is false. In connection with this application, a consumer credit reporting agency may be employed by Management Agent to make investigatory credit and reference report. I authorize verification of all information and references given.
4. I understand that the deposit will be refunded only if application is not approved by the owner/agent. If application is not accepted, all deposits shall be returned without designation or any reason and without any liability on the part of the owner/agent. Furthermore, if applicant(s) do not move in on the date specified in this agreement, they will forfeit the deposit paid on the unit.
5. Tenant's liability under this agreement shall be joint and several.