## Deuth Property Management 1349 Robert St. S. Suite 201 St. Paul, MN 55118

Email or fax to: Craig@DeuthPropertyManagement.com 651-209-4780

This application must be filled out completely. Driver's License or ID required to complete application.											
BUILDING ADRESS:			Office Use Only APT #					REFERRED BY			
			MOVE IN DATE:								
			DEPOSIT DATE:								
APPLICATION FEE \$(Fee is non-refundable) (ONE PERSON PER APPLICATION PLEASE)											
APPLICANT LAST NAME			MAIDE	N/PREFIX	FIRST				MIDDLE		
HOME PHONE			CELL F	PHONE	EM			MPLOYER PHONE			
SOCIAL SECURITY # OR INS #			DATE (	OF BIRTH	DRIVERS LICENSE #				STATE ISSUED:		
PRESENT ADDRESS			CITY				STATE		ZIP		
UNIT#	FROM	ТО	RENT:	\$	LANDLORD/PROPERTY I			AME PHONE NUMBER		HONE NUMBER	
PREVIOUS ADDRESS			CITY					STATE		ZIP	
UNIT#	FROM TO RENT \$ LANDLORD/PROPERTY NA				OPERTY NAM	ME PHONE NUMBER					
PRESENT EMPLOYER			PHONE #		POSITION				DATES		
ADDRESS			PART/FULL TIME		SUPERVISOR				SALARY		
PREVIOUS EMPLOYER			PHONE #		POSITION				DATES		
ADDRESS			PART/FULL TIME		SUPERVISOR				SALARY		
OTHER INCOME/SOURCE			PHONE #		CONTACT				AMOUNT		
ADDITIONAL OCCUPANTS				EMERG			GENCY CONTACT NAME & NUMBER				
VEHICLE INFOR	RMATION	LIC	CENSE#	SE# YEAR				MAKE & MODEL			
Have you ever filed bankruptcy?  Yes No If yes, please explain:  Have you ever been evid or asked to move? No Have you ever refused to rent?  Yes No		of a crime? ☐ Yes ☐ No			eted	Do you have a legal right to be in the Yes, I am a US Citizen.  Yes, I have valid docume Dept. of Immigration and that allows me to be in the No			ntation from the U.S. Naturalization (INS)		
criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.  Signature  Date											