

809 North 5th Street Grand Forks, ND58203 701.746.9665 www.reindeerproperty.net

Today's Date:			
Property Name & Addre	ess:		Apt #:
Lease Date:	to	Monthly Rent:	
Personal Information			
FULL NAME:			
LIST ALL EMAIL ADDRESSES:			
LIST ALL PHONE NUMBERS:			
DATE OF BIRTH:			
SOCIAL SECURITY NUMBER:			
SOCIAL SECONTT NOWIDEN.			
DRIVER'S LICENSE NUMBER:			
CURRENT ADDRESS:			
CITY, STATE, ZIP CODE:			
, , , , , , , , , , , , , , , , , , , ,			
MONTHLY RENT AMOUNT:		HOW LONG HAVE YOU	LIVED HERE?
MEDE VOLLABLE TO DAY THE	DENT IN CHILD	WERE VOLUMENER TO LE	- 41/52 14/11/2
WERE YOU ABLE TO PAY THE	RENT IN FULL?	WERE YOU ASKED TO LE	EAVE? WHY?
PROPERTY MANAGER/CONTA	ACT	PHONE NUMBER:	
NAME(S) IN WHICH YOUR UT	TILITES ARE NOW BILLED:	UTILITY BALANCE OWE	D:
PREVIOUS ADDRESS:			
FREVIOUS ADDRESS.			
CITY, STATE, ZIP CODE:			
MONTHLY RENT AMOUNT:		HOW LONG DID YOU LIV	/E THERE?
WERE YOU ABLE TO PAY THE	RENT IN FULL?	WERE YOU ASKED TO LE	FAVF? WHY?
		112.12.100.10.120.10	
PROPERTY MANAGER/CONTA	ACT:	PHONE NUMBER:	
PREVIOUS ADDRESS:			
CITY, STATE, ZIP CODE:			
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MONTHLY RENT AMOUNT:		HOW LONG DID YOU LIV	/E THERE?
MEDE VOLLARIE TO SAVETIE	DENT IN CHILD	WEDE VOU AGUES TO 1	- 61/152 14/11/2
WERE YOU ABLE TO PAY THE	KENT IN FULL?	WERE YOU ASKED TO LE	EAVE! WHY!
PROPERTY MANAGER/CONTA	ACT:	PHONE NUMBER:	
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Vehicle Information		
MAKE:		MODEL:
YEAR:		COLOR:
LICENSE PLATE:		
References(TWO REFERENC	ES REQUIRED)	
NAME OF GUARDIAN/REFERENCE		
ADDRESS:		
CITY, STATE, ZIP CODE:		
PHONE NUMBER:		
NAME OF GUARDIAN/REFERENCE	<u> </u>	
ADDRESS:		
CITY, STATE, ZIP CODE:		
PHONE NUMBER:		
Emergency Contact:		
EMERGENCY CONTACT		
ADDRESS:		
CITY, STATE, ZIP CODE:		
PHONE NUMBER:		
By signing this application.	vou grant us permission to co	ommunicate with all the contacts listed in this section in the
		he apartment for any reason, then you grant us permission to
_		remove <u>all</u> contents of the dwelling on your behalf.
Income		
CURRENT EMPLOYER:		
OCCUPATION:		
ADDRESS:		
PHONE NUMBER:		
NAME OF SUPERVISOR:		
MONTHLY GROSS PAY:	DATES OF EMPLOYMENT:	
PREVIOUS EMPLOYER:		



OCCUPATION:					
ADDRESS:					
PHONE NUMBER:					
NAME OF SUPERVISOR:					
MONTHLY GROSS PAY:	DATES OF EMPLOYMENT:				
PREVIOUS EMPLOYER:					
OCCUPATION					
ADDRESS:					
PHONE NUMBER:					
NAME OF SUPERVISOR:					
MONTHLY GROSS PAY:	DATES OF EMPLOYMENT:				
Cuadit History					
Credit History: SAVINGS ACCOUNT INSTITUTION NAME:	BALANCE ON DEPOSIT OR	BALANCE OWED:			
CHECKING ACCOUNT	BALANCE ON DEPOSIT OR BALANCE OWED:				
CREDIT CARD #1:	BALANCE ON DEPOSIT OR BALANCE OWED:				
CREDIT CARD #2:	BALANCE ON DEPOSIT OR BALANCE OWED:				
AUTO LOAN:	BALANCE ON DEPOSIT OR BALANCE OWED:				
	<u> </u>				
Additional Occupants (Under 18)		T			
NAME:		RELATIONSHIP TO YOU:	AGE:		
All accuments must be listed and a					

All occupants must be listed and occupants over the age of 18 years, must fill out their own application. No other person(s) may move into the dwelling without written consent of Reindeer Property Management.



General Information

Have you ever been a defendant in an unlawful deta of a rental agreement or lease?	ainer (eviction) lawsuit or defaulted (failed to perform) any obligation Yes No
Have you ever been convicted of a crime?	Yes No
Have you ever been convicted of a felony?	Yes No
If yes to any of the above, please explain:	
Have you ever filed suit against a landlord?	Yes No
If yes, please explain:	
Have you ever filed for bankruptcy?	Yes No
If yes, please explain:	
Are you a smoker?	Yes No
Have you ever been served a late rent or eviction notice?	Yes No
If yes, please explain:	
We may run a credit check and a criminal backgroun comment on?	nd check. Is there anything negative we will find that you want to Yes No
If yes, please explain:	

Reindeer Property Management uses a third-party verification company, Western Reporting, Inc., to review all applications for credit, criminal, income, and housing history to make its determination on accepting all applications.

Western Reporting Inc.

8789 S Highland Drive Suite #300 Sandy, UT 84093 1.855.850.6263



Applicant understands and agrees that he/she has only applied for tenancy. This is not a lease, but an application which may be accepted or rejected by Reindeer Property Management. Applicant hereby grants to Reindeer Property Managementfull authorization necessary to verify the information on this form, included but not limited to: check credit history, rental history, criminal history, income verification, information from public agencies and other information relevant to this application for residential tenancy. Applicant further understands that there is a **non-refundable fee** to cover the cost of processing the application and applicant is not entitled to a refund even if applicant is not approved. Any questions regarding rejected applicants must be submitted in writing to Reindeer Property Management and accompanied by a self-addressed stamped envelope.

SIGNATURE OF APPLICANT:	
PRINT NAME:	
DATE:	

The \$40 Application Fee is accepted in cash, check,credit card, and money order only. Please submit your application and \$40 to the following:

Reindeer Property Management 809 North 5th Street Grand Forks, ND 58203

Reindeer Property Management Referral Rewards

Do you know of anybody else looking for an apartment? Please provide their name, phone number, and email address. If you refer a friend and you each end up renting separate apartments from us, we will pay you a referral reward.

NAME OF INDIVIDUAL #1:	
PHONE NUMBER:	
EMAIL ADDRESS:	
NAME OF INDIVIDUAL #2:	
PHONE NUMBER:	
EMAIL ADDRESS:	
NAME OF INDIVIDUAL #3:	
PHONE NUMBER:	
EMAIL ADDRESS:	