

TENANT APPLICATION FORM

FOR
The Sunrise Apartments
Halstad, MN

DATE: _____

(Please Print)

NAME: _____

PRESENT ADDRESS: _____

PHONE NUMBER: _____

YEARS AT PRESENT ADDRESS? _____ YEARS _____ MONTHS

LANDLORD NAME. _____

LANDLORD PHONE _____

PREVIOUS ADDRESS: _____

YEARS AT PREVIOUS ADDRESS? _____ YEARS _____ MONTHS

DATES OF OCCUPANCY. _____ TO _____

LANDLORD NAME. _____

LANDLORD PHONE _____

CURRENT EMPLOYER _____

ADDRESS AND PHONE NUMBER _____

DATE STARTED _____

REFERENCES:

BUSINESS: _____ PHONE: _____

RELATIONSHIP: _____

YEARS KNOWN: _____

PERSONAL/BUSINESS: _____ PHONE: _____

RELATIONSHIP: _____

YEARS KNOWN: _____

I agree that the Manager of the Sunrise Apartments may call my previous landlords and references.

(Applicant signature)