

Rental Application

Morrow Partners, Inc.

Checks to: Morrow Partners, Inc.
PO Box 2068
Stillwater, MN 55082

Direct: 952-917-9909

10134 Lever Street NE

Geigeres@aol.com or wally@morrowpartnersinc.com

Location of Premises _____ Application fee received _____
Rental term to commence _____ Term of rental _____
Monthly Rent _____ Security Deposit amount received _____

APPLICANT

Applicant Name _____ Married ? **yes** **no** (circle one)

Email _____

Phone: Home _____ Cell _____ Work _____

Birth date _____ SS# _____ Drivers License # _____

Present Address _____ City, Street, Zip _____

How long have you lived at this address _____ Current Landlords Name _____

Current Landlords Phone # _____

Previous Address _____ City, Street, Zip _____

Previous Landlords Name _____ Previous Landlords Phone # _____

Present Occupation _____ Present Employer _____

Address _____

Employer Phone # _____ Date Employed _____ Full Monthly Income _____

Other source of Income _____ Amount _____

List all intended occupants (excluding applicant and co-applicant)

Name _____	Date of Birth _____	Relationship to Applicant(s) _____
Name _____	Date of Birth _____	Relationship to Applicant(s) _____
Name _____	Date of Birth _____	Relationship to Applicant(s) _____
Name _____	Date of Birth _____	Relationship to Applicant(s) _____
Name _____	Date of Birth _____	Relationship to Applicant(s) _____

Emergency Contact _____ Phone _____

Vehicle Information

#1 Make _____ Model/Color _____ License# _____

#2 Make _____ Model/Color _____ License# _____

Credit Information

<u>Creditor</u>	<u>Total Amount of Debt</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____

Have you ever

A.	Been evicted?	Yes	No	
B.	Failed to pay timely rent?	Yes	No	
C.	Been convicted of a crime?	Yes	No	
D.	Filed for bankruptcy?	Yes	No	Applicant Initials _____

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Co – Applicant

Co-Applicant Name _____ Married? Yes no (circle one)

Phone: Home _____ Cell _____ Work _____

Birth date _____ SS# _____ Drivers License # _____

Present Address _____ City, Street, Zip _____

How long have you lived at this address _____ Current Landlords Name _____

Current Landlords Phone # _____

Previous Address _____ City, Street, Zip _____

Previous Landlords Name _____ Previous Landlords Phone # _____

Present Occupation _____ Present Employer _____

Address _____

Employer Phone # _____ Date Employed _____ Full Monthly Income \$ _____

Other source of Income _____ Amount _____

Emergency Contact _____ Phone _____

Credit Information

<u>Creditor</u>	<u>Total Amount of Debt</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever

- | | | | |
|----|----------------------------|-----|----|
| A. | Been evicted? | Yes | No |
| B. | Failed to pay timely rent? | Yes | No |
| C. | Been convicted of a crime? | Yes | No |
| D. | Filed for bankruptcy? | Yes | No |

Co - Applicant Initials _____

AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned authorizes Morrow Partners, Inc. ("Landlord"), and Wally Nelson, as Landlord's agent, or any other representative of Landlord, to obtain any and all information available from any organization or person for the purpose of reviewing the undersigned's credit, criminal, rental and employment history. This may include, but is not limited to, consumer credit reports. This authorization will remain effective for so long as the undersigned is a resident of Landlord or owes any rent or any other money to Landlord.

Notwithstanding anything contained herein to the contrary, the undersigned understand and agree that this authorization is not a lease nor a commitment to lease, and that the undersigned's rental application may be accepted or rejected by Landlord at Landlord's sole and absolute discretion.

Copies of this authorization that show my/our signature(s) are as valid as the original authorization signed by the undersigned.

Signature _____

Full name (type or print legibly) _____

Date of Birth _____

Social Security Number _____

Driver's License Number (Include State of Issuance): _____

Signature _____

Full name (type or print legibly) _____

Date of Birth _____

Social Security Number _____

Driver's License Number (Include State of Issuance): _____