

APPLICATION FOR APARTMENT OCCUPANCY AGREEMENT

JOPPA LANE APARTMENTS

2888 Joppa Avenue
 St. Louis Park, MN 55416
 952-926-9180 Office
 952-926-1986 Fax

Date _____ Apartment No. _____ Garage _____	
Lease From _____	To _____
Number of Occupants _____	<i>NO PETS ALLOWED.</i>
Monthly Rent: Apt. \$ _____	Garage _____ Other _____

APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE APPLICATION FEE \$ _____

Each adult applicant must complete a separate application. Please print clearly and complete all requested information.

Applicant's Full Name _____	Date of Birth _____
Social Security No. _____	Driver Lic. No./State _____
Cell Phone _____	Work Phone _____ Home Phone _____
Present Address _____ City/State/Zip _____	
Apartment No. _____	Monthly Rent \$ _____ Dates: From _____ To _____
Present Landlord or Management Co. _____	Landlord Phone _____
Previous Address _____	City/State _____ Dates _____
Previous Landlord or Management Co. _____	Landlord Phone _____

Present Employer _____	Position _____	Salary _____
Employer's Address _____	Phone _____	
Length of Employment _____	Full Time _____ Temporary _____	Part Time/Hrs. Per Week _____
Previous Employer _____	Phone _____	
Previous Employer's Address _____	Length of Employment _____	
Additional Source of Income (Optional) _____		

Automobile Make _____	Model _____	Color _____	Year _____
License Plate No./State of Issue _____		Other Vehicle, Motorcycle, etc. _____	

If you change vehicles during your residency, it is your responsibility to notify Management so your vehicle will not be towed

Full Names of All Other Occupants:		
_____	Relationship to You _____	Age _____
_____	Relationship to You _____	Age _____
In Case of Emergency, Please Notify:		
Name _____	Address _____	
Daytime Phone _____	Evening Phone _____	Relationship _____

How did you select Joppa Lane Apartments: Driveby _____ Newspaper _____ Referred by _____

I hereby make application for an apartment and certify that this information is correct. I authorize you to obtain my credit report from your reporting agency, which will appear as an inquiry, and also a criminal background report. I fully understand this application is subject to the approval of the owner and subject to the apartment being available. I certify that all information in this application is correct and I will forfeit the Security Deposit if any information is incorrect or misleading. I hereby agree that if for any reason I am unable to complete the occupancy agreement applied for, the security deposit I have put down will not be refunded. If I am not approved, the security deposit will be refunded to me. The screening service used by Management to process all applications is Landlord Protection Agency, 1075 West County Road "E", St. Paul, MN 55126 phone number 651-765-2600

Signature

Date

Property Manager Signature