1408 20th Ave SW Ste 10 P.O. Box 2189 Minot, ND 58701 {P} 701.839.4200 {F} 701.839.6292 www.smc-minot.com



## Rental Application

**Thank you for applying to rent from SMC!** We will be requesting a credit report, criminal background check, rental history check, and income verification, which will be used as criteria for the approval or denial of an applicant.

- The application must be completed to its fullest extent possible. If something does not apply to you please note "N/A" for "not applicable."
- Applicants must be 18 years of age or older.

Αp	plication	fees must	be i	paid by	cash	or r	noney	order.
				J				

□\$40 for each single applicant (new applicants, co-signers, roommates)

	Applicant					
Re	ental Address: □ Nev	v Applicant	☐ Co-sig	gner	□ Roomma	ıte
oc de the	ereby make applications to rent property or to co-sign for an individual who cated in Minot, North Dakota. As part of the application process, I authorize entified and understand that the above fees are non-refundable and do not comprehenses. I understand that the criteria necessary to rent from SMC and he contract will be established between the parties until a lease agreement has	SMC to requently shall be shal	est the report to deliver polition and the state of the s	orts and ossess a copy	d check as sion or keys to	)
Αp	oplicant's Signature:		Date:			
,	(complete form, print, then sign and date)		_	V		
	Have you ever filed bankruptcy?			Yes		
2.	, , ,			Yes		
3.	In the last 10 years, have you been arrested, convicted of or plead guilty charge of possessing, dealing, or manufacturing illegal drugs?	or no contest t	oa 🗆	Yes		۷c
4.	Have you ever been evicted, whether or not a court proceeding was held	to evict you?		Yes	1 🗖	٧c
5.	Are you currently registered, or have you ever been required to register as	s a sex offend	er?	Yes	1 🗖	۷c
6.				Yes		
	If you answered yes to any of the above questions, please explain:					

SMC is committed to the letter and spirit of the Fair Housing Act, which, among other things prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations upon written request, in our rules, polices, practices, or services when such accommodations may be **necessary** to afford persons with disabilities an equal opportunity to use and enjoy their housing communities.

## Information Regarding The Applicant

Full Name: (First) (Middle)	// 1)		Birth Date	): /	
Social Security Number:	(Last)	Primary Phone #:_		(Month) (Day)	(Year) _□Home □Cell
Email Address:					
Present Address:	(City)	(0	tate) (Zi		_□Rent □Own
Present Landlord:	` ,	Landlord Phone #:	,	• •	
Reason for Leaving:		Monthly Rent:	Y	ears There:	
Previous Address:		10	tate) (Zi		_□Rent □Own
Previous Landlord:	, ,,	Landlord Phone #	,	ip)	
Reason for Leaving:		Monthly Rent:	Y	ears There:	
Present Employer:		Employer Phone #	t:		
Position/Title/USAF Rank:		Superviso	r:		
Years There: Present Net Inc	come:	/□Month □Year	Other Income:_		☐Month ☐Year
Number of people who will be occupying the uni	t: (Adults)		(Children)		
Automobile Information:	,		, ,		
(Make) License Plate #:	(Model)	(Year) te: D	(Color) river's License #	:	
Emergency Contact:			hone #:		
				nip:	
Address:(City)	(State)	(Zip)			
For purposes of renting, the undersigned acknow	wledges that they		ne rental criteria.		
represents that all of the above statements are t contact and obtain information from any individu employment, and past residential arrangements employees and agents and all other individual or losses, damages of any kind arising from or rela residential agreements of the undersigned.	als or entities the of the undersign entities contracted to information	at may have informated. The undersigned by SMC harmles nobtained regarding	ation regarding cr d herby indemnif s from all causes g credit history, e	redit history, y and hold S s of action, e mployment o	SMC, its xpenses, or prior
All persons will be treated fairly and equally with status, status with respect to public assistance of	•			•	arital
Applicant's Signature:			Date:		
(complete form	, print, then sign and date	9)			