



APPLICATION FOR:

APPLEWOOD PROPERTIES, BILLINGSVIEW, PIEDMONT MANOR, MARLIN MANOR,
SPIRIT MOUNTAIN, SOBO RENTALS AND TROPICANA APARTMENTS

C/O OLIVER MANAGEMENT SERVICE, INC

ATTENTION: SUZI

5713 GRAND AVE SUITE B

DULUTH, MN 55807

PHONE: 218-628-0311

FAX: 218-624-2235

OFFICE HOURS: MONDAY thru FRIDAY 9AM – 5PM

APPLICATION FEE: \$30.00 PER PERSON
\$45.00 PER MARRIED COUPLE
\$45.00 with PARENT/CO-SIGNER

BUILDING INTEREST: _____

APARTMENT(S) # AVAIL: _____

RENT AMOUNT _____ SEC. DEPOSIT: _____

OTHER FEES (GARAGE, PET ETC.): _____

PAYMENTS OF FEES DO NOT GUARANTEE OCCUPANCY AND
APPLICATION FEES ARE NON-REFUNDABLE

APPLICATION SCREENING WILL INCLUDE:

- 1) CRIMINAL, CREDIT, AND UNLAWFUL DETAINER/EVICTION HISTORY
SCREENING WILL BE DONE THROUGH YARDI RESIDENT SCREENING.

- 2) CURRENT AND PREVIOUS LANDLORD AND PERSONAL REFERENCE
SCREENING WILL BE DONE THROUGH OLIVER MANAGEMENT SERVICES,
INC.

OLIVER MANAGEMENT SERVICES, INC.
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CREDIT RENTAL APPLICATION
 (each co-resident must submit a separate application)

DATE: _____ PROPERTY: _____

NAME: _____ PHONE: _____
 (First) (Middle) (Last)

E-MAIL ADDRESS: _____

Date of Birth: _____ Social Security # _____

Driver's License #: _____ State: _____

Spouse/Roommate Name: _____ PHONE: _____

Date of Birth: _____ Social Security # _____

Driver's License #: _____ State: _____

Present Address	City	State	Zip	Phone	Years

Owner/Manager	Address	Phone

Previous Address	City	State	Zip	Phone	Years

Owner/Manager	Address	Phone

Current Employer	Address	Phone	Years

Position	Salary	Supervisor's Name	Phone

Previous Employer	Address	Phone	Years

Position	Salary	Supervisor's Name	Phone

Spouses' Employer	Address	Phone	Years

Position	Salary	Supervisor's Name	Phone

In case of emergency notify: _____ Phone: _____

Name: _____ Address: _____

Residence Desired: _____ Date of Occupancy: _____ Lease term: _____
 (# of bedrooms)

Have you ever broken a lease or been evicted from any type of housing? _____

If yes, please explain: _____

Name of other occupants: (All persons occupying premises must be listed.)

Name	Relationship	Age	DOB (MO/DAY/YR)	Sex (Male/Female)

How many autos (including company vehicles) would you keep at this address? _____

Make	Color	Year	License #

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Do you have any pets? _____ If so, indicate kind, weight, breed, age _____

How did you find out about us? _____

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REFERENCES:

Bank: _____ Account Number: _____

Address: _____ Phone Number: _____

Bank: _____ Account Number: _____

Address: _____ Phone Number: _____

Credit References: 1) _____ Phone Number: _____

2) _____ Phone Number: _____

Personal References:

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

I/We certify that all information given in this application is true, complete and accurate.

I/We understand that if any of this information is false, misleading, or incomplete, management may decline our application or terminate this lease agreement at any time.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanges, now or later, with rental, criminal and credit screening services.

I/We authorize management to contact previous and current landlords or other sources for credit and/or rental verification information.

If my / our application is approved and move-in occurs, I/We certify that only those persons listed in this application will occupy the unit.

I/We understand this application is subject to credit and criminal background checks and landlord verifications.

You have my permission to run a credit check (circle one) YES NO

A credit check will appear on your credit report as an inquiry. This application and the contents thereof are represented, by me, to be accurate and complete.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Application fee paid \$ _____

Approved: _____ Not Approved: _____ No. Assigned: _____

Address: _____ Amt. Dep Received: _____ Date Received: _____

Occ. Date: _____ Date of Lease: _____

Rating: _____ Priority: _____