



**APPLICATION FOR:**

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



**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
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Owner/Manager	Address	Phone
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Previous Address	City	State	Zip	Phone	Years
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Owner/Manager	Address	Phone
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Current Employer	Address	Phone	Years
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Position	Salary	Supervisor's Name	Phone
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Previous Employer	Address	Phone	Years
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Position	Salary	Supervisor's Name	Phone
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Spouses' Employer	Address	Phone	Years
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Position	Salary	Supervisor's Name	Phone
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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)
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How many autos (including company vehicles) would you keep at this address? \_\_\_\_\_

Make	Color	Year	License #
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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? \_\_\_\_\_