



# OLIVER

MANAGEMENT SERVICES

5713 Grand Ave. Suite B

Duluth, MN 55807

Office Phone: (218) 628-0311

Fax: (218) 624-2235

## Market-Rate Application for:

Applewood Properties, Billingsview, Eagle River, Marlin Manor, Piedmont Manor  
Oak Hills Manor, SOBO Rentals, Spirit Mountain, Tropicana

Name: \_\_\_\_\_

Building Interest: \_\_\_\_\_

Unit # or Unit Type: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Security Deposit: \$ \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Other Fees (garage, pet, etc): \$ \_\_\_\_\_

**Application Fee:** \$30.00 per person

\$45.00 per married couple

\$45.00 with parent or co-signer

\*The application will not be processed until the application fee is paid

\*Payment of application fee does not guarantee occupancy

\*Application fee is non-refundable

## Application screening includes:

1. Criminal, Credit, and Unlawful Detainer/Eviction history screening  
performed through Yardi Resident Screening
2. Landlord Checks performed through Oliver Management Service, Inc.



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### FOR OFFICE USE ONLY

Application fee paid: \$ \_\_\_\_\_

Application & fee accepted by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Method of app submission: \_\_\_\_\_

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### RENTAL APPLICATION

**\*\*Each co-resident must submit a separate application, with the exception of a married couple.**

**A married couple can fill out one application but both parties must fill out a separate Background Check Disclosure.**

Date \_\_\_\_\_ Property \_\_\_\_\_

Residence Desired \_\_\_\_\_ Preferred Occupancy Date \_\_\_\_\_ Lease term \_\_\_\_\_  
(# of bedrooms)

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
(First) (Middle) (Last)

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
(We will also need a copy of your Driver's License)

Spouse/Roommate Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
(We will also need a copy of the Driver's License)

Current Employer	Address	Phone #	Time employed
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Position	Pay/Salary	Supervisor's Name	Phone #
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Previous Employer	Address	Phone #	Time employed
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Position	Pay/Salary	Supervisor's Name	Phone #
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Spouse's Employer	Address	Phone #	Time employed
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Position	Pay/Salary	Supervisor's Name	Phone #
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Spouse's Previous Employer	Address	Phone #	Time employed
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Position	Pay/Salary	Supervisor's Name	Phone #
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Additional Income Source #1 (if any)	Amount
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Additional Income Source #2 (if any)	Amount
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Name of other occupants: (All persons occupying the unit must be listed.)

Name	Relationship	Age	DOB (MO/DAY/YR)	Sex (Male/Female)
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How many vehicles (including company vehicles) will you keep at the rental property?

Make/Model	Color	Year	License #
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Do you intend to have pets at the rental property? How many? **(MUST have prior management approval!)** \_\_\_\_\_

Breed	Color	Age	Weight	Spayed/Neutered	Vaccinated
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Applicant Name: \_\_\_\_\_ List all the places where you have lived in the past ten (10) years:

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

1st Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

2nd Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

3rd Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

4th Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever been evicted from housing? \_\_\_\_\_ If yes, please explain below:

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain below:

**\*\*I/We understand that if any of this information is false, misleading, or incomplete, management may decline my/our application or terminate any future 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 current and/or previous landlords or other sources for rental and/or credit 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 that a credit check will appear on my/our credit report as an inquiry.**

Signature of all Applicants: \_\_\_\_\_

Date: \_\_\_\_\_

## CURRENT Landlord Verification

Current Landlord: \_\_\_\_\_

RE: \_\_\_\_\_

Applicant Name & Address

Phone or Fax#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

FROM: Oliver Management Service, Inc.  
5713 Grand Ave Suite B  
Duluth, MN 55807  
Fax: (218) 624-2235

Thank you for your prompt response. All information is kept confidential. Please contact us at (218) 628-0311 if you have any questions.

### PERMISSION FOR RELEASE OF INFORMATION

Release: By signing below, I hereby authorize the release of the requested information.

Applicant Signature

Date

#### **\*\*THIS SECTION TO BE COMPLETED BY CURRENT LANDLORD\*\***

Are you a relative or friend of the above named person?

YES NO

If yes please describe your relationship: \_\_\_\_\_

Dates of Occupancy START: \_\_\_\_\_ END: \_\_\_\_\_

Name/Address of property \_\_\_\_\_

Does the above named person(s) have a lease with you?

YES NO

#### 1. Rent Payment

A. Amount of monthly rent: \$ \_\_\_\_\_

B. Was rent paid on time?

YES NO

If no, how late was rent paid? \_\_\_\_\_ How Often? \_\_\_\_\_

C. Have you ever begun or completed an eviction proceeding for non-payment of rent?

YES NO

D. Do you provide any of the utilities for the unit?

YES NO

E. Have the tenant-paid utilities ever been disconnected for non-payment?

YES NO

#### 2. Caring for the Unit

A. Is/was the unit kept clean, safe and sanitary?

YES NO

B. Has the above-named person(s) caused any chargeable damage to the unit?

YES NO

If yes, cost to repair \$ \_\_\_\_\_ How Often? \_\_\_\_\_

C. Has the damage been paid for?

YES NO

D. Does the above-named person(s) owe you any money?

YES NO

If yes, how much do they owe \$ \_\_\_\_\_ Describe \_\_\_\_\_

E. Will (did) you keep any of the security deposit?

YES NO

If yes, how much \$ \_\_\_\_\_ Reason? \_\_\_\_\_

F. Was/is there any problem with insect/rodent infestation?

YES NO

If yes, was housekeeping a contributing factor?

YES NO



### 3. General Information

- |   |     |    |
|---|-----|----|
| A. Did the tenant allow unauthorized persons to reside in the unit on a regular basis?  | YES | NO |
| B. Has the above-named tenant or tenant's guests engaged in criminal activity, including drug-related activity, on or near your property? | YES | NO |
| C. Has the above-named tenant acted in a physically violent and/or verbally abusive way toward neighbors and/or staff?                    | YES | NO |
| D. Has the above-named tenant given the required notice to vacate, if applicable?   | YES | NO |
| E. Does the above-named tenant currently receive subsidy?   | YES | NO |
| If yes, through which Agency/Program _____  |     |    |
| What date they will he/she be released from subsidy? _____  |     |    |
| F. Will the above-named tenant be moving out voluntarily or after judicial eviction? _____  |     |    |
| G. Would you re-rent to the above-named tenant? If no, please explain:  | YES | NO |

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Phone #: \_\_\_\_\_

#### PENALTIES FOR MISUSING THIS CONSENT:

TITLE 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

## FORMER Landlord Verification

Former Landlord: \_\_\_\_\_

RE: \_\_\_\_\_

Applicant Name & Former Address

Phone or Fax#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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Thank you for your prompt response. All information is kept confidential. Please contact us at **(218) 628-0311** if you have any questions.

### PERMISSION FOR RELEASE OF INFORMATION

Release: By signing below, I hereby authorize the release of the requested information.

Applicant Signature

Date

#### **\*\*THIS SECTION TO BE COMPLETED BY FORMER LANDLORD\*\***

Are you a relative or friend of the above-named person?

YES

NO

If yes please describe your relationship: \_\_\_\_\_

Dates of Occupancy START: \_\_\_\_\_

END: \_\_\_\_\_

Name/Address of property \_\_\_\_\_

Did the above-named person have a lease with you?

YES

NO

#### **1. Rent Payment**

A. Amount of monthly rent: \$ \_\_\_\_\_

B. Was rent paid on time?

YES

NO

If no, how late was rent paid? \_\_\_\_\_ How Often? \_\_\_\_\_

C. Did you ever begin or complete an eviction proceed for non-payment of rent?

YES

NO

D. Do you provide any of the utilities for the unit?

YES

NO

E. Did the tenant-paid utilities ever get disconnected for non-payment?

YES

NO

#### **2. Caring for the Unit**

A. Was the unit kept clean, safe and sanitary?

YES

NO

B. Did the above-named tenant cause any chargeable damage to the unit?

YES

NO

If yes, cost to repair \$ \_\_\_\_\_ How Often? \_\_\_\_\_

C. Did the damage get paid for?

YES

NO

D. Does the above-named person owe you any money?

YES

NO

If yes, how much do they owe \$ \_\_\_\_\_ Describe \_\_\_\_\_

E. Did you keep any of the security deposit?

YES

NO

If yes, how much \$ \_\_\_\_\_ Reason? \_\_\_\_\_

F. Was there any problem with insect/rodent infestation?

YES

NO

If yes, was housekeeping a contributing factor?

YES

NO

**3. General Information**

- |   |     |    |
|---|-----|----|
| A. Did the tenant allow unauthorized persons to reside in the unit on a regular basis?  | YES | NO |
| B. Did the above-named tenant, or tenant's guests engage in criminal activity, including drug-related activity, on or near your property? | YES | NO |
| C. Did the above-named tenant acted in a physically violent and/or verbally abusive way toward neighbors and/or staff?                    | YES | NO |
| D. Did the above-named tenant give the required notice to vacate, if applicable?  | YES | NO |
| E. Did the above-named tenant move out voluntarily or after judicial eviction? _____  |     |    |
| F. Would you re-rent to the above-named tenant? If no, please explain:  | YES | NO |

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:**

TITLE 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.



**BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION  
FOR RELEASE OF INFORMATION FOR TENANT SCREENING PURPOSES**

In connection with my application for tenancy purposes, I authorize Oliver Management, Inc (the "Company") to order a "consumer report" (a background report) or "investigative consumer report" on me. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.)

The background check company, Yardi Resident Screening, will prepare the background report for the Company.  
RentGrow, Inc. dba Yardi Resident Screening, 307 Waverley Oaks Rd, STE 301, Waltham, MA 02452  
Phone: 800-736-8476 x2 [www.yardi.com/yrs](http://www.yardi.com/yrs)

I acknowledge the background report may contain information concerning my character, general reputation, personal characteristics, mode of living, and credit history/standing. The types of information that may be ordered include, but are not limited to: social security number verification; criminal, sex offender, public, income; assets, and; medical or child care allowances, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; and credit reports.

The Fair Credit Reporting Act and state laws give consumers specific rights in dealing with consumer reporting agencies. These rights are summarized on A Summary of Your Rights Under the Fair Credit Reporting Act as provided herewith. For example, you must be given the right to request a copy of your report in the case of any denial or other adverse action.

I agree the Company may rely on this form to order background reports, including investigative consumer reports from companies other than Yardi Resident Screening. without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

**PLEASE PRINT CLEARLY - \*All fields are MANDATORY - AND A COPY OF A DRIVERS LICENSE OR PHOTO ID IS REQUIRED**

\*APPLICANT FULL NAME: \_\_\_\_\_  
First Middle Last

\*SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*DOB \_\_\_\_\_

\*DRIVERS LICENSE NUMBER OR PHOTO ID NUMBER: \_\_\_\_\_  
STATE NUMBER

\*CURRENT ADDRESS: \_\_\_\_\_ \*APT# \_\_\_\_\_

\*CITY: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\*FORMER ADDRESS (If NOT at present address for 2 years):

\_\_\_\_\_ \*APT# \_\_\_\_\_

\*CITY: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date