

Worthington Housing & Redevelopment Authority



819 TENTH STREET • WORTHINGTON, MN 56187 • PHONE: (507) 376-3655

APPLICATION TO RENT OR LEASE

APPLICANT Each Applicant over the age of 18 must complete their own application form

PLEASE PRINT

First, Middle, Last Name	Date of Birth	Social Security #	Driver's License #
Other Names Used In the Last 10 Years	Home Phone	Cell Phone	Email Address

ADDITIONAL OCCUPANTS List everyone, who will live with you:

First, Middle, Last Name	Relationship To Applicant
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EMPLOYMENT

	Current Employment	Prior Employment
Employer		
Address		
Employer Phone		
Job Title		
Name of Supervisor		
Dates of Employment	From: To:	From: To:
Income Per Month	\$	\$

RESIDENCE

	Current Residence	Previous Residence	Previous Residence
Street Address			
City			
State & Zip			
Dates of Stay			
Owner/Manager And Phone number			
Reason For Leaving			
Last Rent Paid	\$	\$	\$

VEHICLES

	Make	Model	Color	Year	License No.
Automobiles					
Motorcycles					

PERSONAL REFERENCES

In Case Of Emergency, Notify	Address/City	Phone	Relationship
Close Friend			
Nearest Relative Living Elsewhere			

CREDIT INFORMATION Please list all your financial obligations

Name of Bank or Savings & Loan	Branch or Address	Account No.	Balance
		Checking	\$
		Savings	\$
Credit Accounts	Account No.	Address/City	Phone

GENERAL INFORMATION Check answer that applies

- Do you smoke? ☐ YES ☐ NO
- Do you have any pets? ☐ YES ☐ NO
- Have you ever filed for bankruptcy? ☐ YES ☐ NO
- Do you have any musical instruments? ☐ YES ☐ NO
- Do you have any water-filled furniture or do you intend to use water filled furniture in the apartment? ☐ YES ☐ NO
- Have you ever been convicted for selling, possessing, distributing or manufacturing illegal drugs or convicted of any other crime? ☐ YES ☐ NO
- Have you ever been evicted for non-payment of rent or any other reason? ☐ YES ☐ NO

Please explain any "yes" answers to the above questions:

Why are you leaving your current residence? _____

The applicant hereby applies to rent/lease Apartment # _____ at _____ for \$ _____ per month, and upon owner's approval agrees to enter into a Rental Agreement and/or Lease and pay all rent and security deposits required before occupancy.

An application fee of \$ _____ is hereby submitted for the cost of processing this application, to obtain credit history and other background information.

Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords and employers, and personal references. Applicant hereby authorizes owner/agent to obtain Unlawful Detainer, Credit Reports, Telechecks, and/or criminal background reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Applicant: _____ Date: _____
 (Signature required)

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CONSUMER CREDIT and BACKGROUND REPORT RELEASE FORM
PLEASE READ CAREFULLY

BY MY SIGNATURE BELOW I AUTHORIZE

The Worthington Housing Authority/Prairie Acres/Rising Sun Estates

to obtain a Consumer Credit Report and/or a Background Report on me. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)

The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Applicant's Name _____

Social Security Number _____

Date of Birth _____

Current Street Address _____

City, State, Zip Code _____

Drivers License # _____ State _____

Signature _____

Date _____

****NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE****

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