

FOSSTON HOMES RENTAL APPLICATION

Located on Larson Avenue North, Fosston, MN

Tel: 218-637-2431

Fax: 218-637-2433

GENERAL INFORMATION

Name _____	Birth Date: _____	Social Security # _____	
Home Phone: _____	Work Phone: _____	Mobile: _____	
Spouse's Name _____	Birth Date: _____	Social Security # _____	
Other Occupant's Name: _____	Relationship _____	Birth Date _____	Social Security No. _____

RESIDENCY HISTORY

Current Address: _____	City _____	State _____	Zip _____
How long? _____	Own or Rent? _____	Monthly Payment \$ _____	Utilities Included? _____
Name, address & phone of landlord _____			
Previous Address: _____	City _____	State _____	Zip _____
How long? _____	Own or Rent? _____	Monthly Payment \$ _____	Utilities Included? _____
Name, address & phone of landlord _____			
Previous Address: _____	City _____	State _____	Zip _____
How long? _____	Own or Rent? _____	Monthly Payment \$ _____	Utilities Included? _____
Name, address & phone of landlord _____			
Are you currently or have you ever been evicted from tenancy? _____ Yes _____ No			
Were you homeless prior to occupancy? _____ Yes _____ No			

SOURCE OF INCOME

Applicant's Employer: _____	How Long? _____	Monthly Earnings \$ _____
Address _____		Phone: _____
Spouse's Employer: _____	How Long? _____	Monthly Earnings \$ _____
Address _____		Phone: _____
If you do not have wages, what is your source of income? _____ Amount per month: \$ _____		

CREDIT REFERENCES

Credit References:	Name	Phone	Location	Monthly Payment/Balance
Checking	_____	_____	_____	_____
Savings	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Other	_____	_____	_____	_____
Have you ever filed for bankruptcy? _____ Yes _____ No Comments: _____				

PERSONAL REFERENCES

Name of Nearest Relative: _____

Address: _____ Phone: _____

Personal Reference (No Relatives): _____

Address: _____ Phone: _____

BACKGROUND

Have you or any household member been involved in any drug related criminal activity? Yes No

If Yes, when? _____

Have you or any household member been involved in any violent criminal activity? Yes No

If Yes, when? _____

Are you or anyone in the household a registered sex-offender? Yes No

Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments? Yes No

Will any of the household members be a full or part time college student during your occupancy? Yes No

If yes, name of individual _____ Full-time Part Time

UNDERSTANDINGS

1. This application is taken and subject to the approval of the owner.
2. Before approval to occupy the unit, I authorize the owners to:
 - a. Complete a credit check on the applicant and any adult household members
 - b. Complete a criminal background check on the applicant and any adult household members
 - c. Complete reference checks on the applicant and any adult household members
3. I/We certify that the information given to the Northwest MN Multi-County Housing Authority in this application is accurate and complete to the best of my/our knowledge and belief.
4. I/We understand the Lease is made on the strength of this application and may be terminated at any time at the owners option if any information herein is false. False statements or information are punishable under Federal Law.

What size of unit do you wish to be put on the waiting list for? 1 bedroom 2 bedroom

Signature of Head of Household *Date*

Signature of Spouse/Co-Head *Date*

NOTE: YOU ARE RESPONSIBLE TO NOTIFY OUR OFFICE OF ANY CHANGE IN ADDRESS OR PHONE NUMBER. If there are any changes you need to make to your application or if you have any questions, please call our office at 218-637-2431 or e-mail stacy@nwmnhra.org.

Return to: NW MN Multi-County HRA, PO Box 128, Mentor, MN 56736