



Owner or Apartment Complex Name and Phone Number

Expected Move In Date

Rental Address and Unit Number

Rent Amount

Screening Fee

ONLY ONE PERSON PER FORM. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

APPLICANT INFORMATION

Applicant FULL Legal Name (Last, First and Middle)

Date Of Birth

Social Security Number

List All Nicknames, Maiden Names, Former Names, etc.

License Or ID Number

Present Home Address (Street, City, State, Zip)

Move In Date

Own Or Rent?

Present Landlord / Manager / Apartment Complex / Mortgage Company

Monthly Rent Or Mortgage Payment

Relationship To Landlord (If Applicable)

Landlord Phone Number (Landline If Possible)

Personal Banking Information (Name, Branch)

Account Type

Account Number

Source(s) Of Income

Phone Number

Amount Per Month

Name And Address Of Person To Contact In Case Of Emergency

Phone Number

Name And Address Of Person To Contact In Case Of Emergency

Phone Number

Have You Ever Filed For Personal Bankruptcy? Yes No Business Bankruptcy? Yes No

Have You Ever Been Arrested Or Charged With A Crime Other Than A Traffic Violation? Yes No

Have You Ever Been Evicted / Been Asked To Vacate / Not Paid Rent When Due? Yes No

Have You Ever Resided In Another State? Yes No When and Where? _____

BUSINESS INFORMATION

Name Of Business		Business Phone Number	
Date Business Started	Federal ID Number	State ID Number	
Present Commercial Address (Street, City, State, Zip)		Move In Date	Move Out Date
Present Landlord / Manager		Landlord Phone Number (Landline If Possible)	
Relationship To Landlord	Rent Amount	Reason For Relocation	
If Not Currently Renting A Commercial Space, Please List The Most Recent Rental.			
Previous Commercial Address (Street, City, State, Zip)		Move In Date	Move Out Date
Previous Landlord / Manager		Landlord Phone Number (Landline If Possible)	
Nature Of Business		Business Type (ie., Corporation, Franchise)	
Number Of Employes On Site	Number Of Daily Visitors	Typical Business Hours	
Number Of Company Vehicles		Number Of Parking Spaces Desired	
Desired Move In Date		Desired Lease Term	
Business Banking Information (Name, Branch)		Account Type	Account Number

TRADE REFERENCES

Business and Contact Name	Nature Of Business Relationship	Phone Number
Business and Contact Name	Nature Of Business Relationship	Phone Number
Business and Contact Name	Nature Of Business Relationship	Phone Number

RELEASE

I understand and agree that this application is not a lease and that it may be accepted or rejected by the Lessor. I hereby authorize the Lessor and/or Twin City Tenant Check, Inc. to obtain any and all information available from any organization for the purpose of review of my credit, criminal, rental and employment history. This may include, but is not limited to, consumer credit reports, salary, any additional income sources, reason for termination of employment and/or residency, and public records held by government agencies. I also authorize any organization, including but not limited to landlords, employers, credit bureaus and government agencies, to release requested information to Twin City Tenant Check, Inc. I certify the above information is true and complete to the best of my knowledge and understand that any false or misleading information may be grounds for rejection of this application or termination of lease.

Signature of Applicant Date

Printed Name Of Applicant Email Address

Home Phone Number Daytime Phone Number Cell Phone Number

Auto Make / Model / Plate Number Auto Make / Model / Plate Number

APPLICANT : PLEASE DO NOT RETURN THE COMPLETED APPLICATION DIRECTLY TO TWIN CITY TENANT CHECK, INC. WE CAN ONLY ACCEPT AN APPLICATION FROM OUR CLIENTS.

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Twin City Tenant Check, Inc.
910 Ivy Avenue East . Saint Paul . MN . 55106
p (651) 224-3002 . f (651) 224-0207 or (651) 224-7300