



Screening Reports, Inc.

729 N Route 83 Suite 321

Bensenville, Il 60106

Toll-Free Phone (866) 389-4042

Toll-Free Fax (866) 389-4043.

I/We Authorize Screening Reports to do a complete investigation of all information provided above. I have personally filled in and/or reviewed all information listed above. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with above references. I/We acknowledge that SRI Provides Reports to apartments and does not participate in the approval or denial process. . I/We acknowledge that SRI monitors criminal activity and reports it promptly to the community. My/Our Signature(s) below authorizes all above listed companies to release rental, job history (including salary) and criminal record information.

Applicant Name

Social Security #

Date of Birth

Applicant Signature

Today's Date

Co-Applicant Name

Social Security #

Date of Birth

Co-Applicant Signature

Today's Date

Date Rec. ___/___/___ **APPLICATION OF OCCUPANCY** Proj. Code ___
Security Management and Realty is an Equal Housing Provider and Employer.
201 North Broad St., Suite 109, Mankato, MN 56001
507-345-1290

TENANT NAME (Include Middle Name)

(First) (Middle) (Last)

(Street) (City)(State)(Zip)

Home Phone #() _____ - _____

Work Phone #() _____ - _____

Social Security # _____ - _____ - _____

Date of Birth ___/___/___

EMPLOYMENT

TENANT
EMPLOYER

(Street) (City)(State)(Zip)

Phone # () _____ - _____

PAST RENTAL REFERENCES

TENANT (Last 2 yrs Required)

CURRENT LANDLORD

(Street) (City)(State)(Zip)

Phone # () _____ - _____

Rented From _____ to _____ Apt # _____

PREVIOUS LANDLORD

(Street) (City)(State)(Zip)

Phone # () _____ - _____

Rented From _____ to _____ Apt # _____

CREDIT REFERENCE

Business _____

Address _____

(Street) (City)(State)(Zip)

Phone # () _____ - _____

1. Have you ever been convicted of a felony?

____ Yes ____ No

2. If yes, explain

3. Are you or have been evicted?

____ Yes ____ No

4. What size apartment?

____ 1 BR ____ 2 BR ____ 3 BR

CO-TENANT NAME (Include Middle Name)

(First) Middle (Last)

(Street) (City)(State)(Zip)

Home Phone #() _____ - _____

Work Phone #() _____ - _____

Social Security # _____ - _____ - _____

Date of Birth ___/___/___

EMPLOYMENT

CO-TENANT
EMPLOYER

(Street) (City)(State)(Zip)

Phone # () _____ - _____

PAST RENTAL REFERENCES

CO-TENANT (Last 2 yrs Required)

CURRENT LANDLORD

(Street) (City)(State)(Zip)

Phone # () _____ - _____

Rented From _____ to _____ Apt # _____

PREVIOUS LANDLORD

(Street) (City)(State)(Zip)

Phone # () _____ - _____

Rented From _____ to _____ Apt # _____

CREDIT REFERENCE

Business _____

Address _____

(Street) (City)(State)(Zip)

Phone # () _____ - _____

1. Have you ever been convicted of a felony?

____ Yes ____ No

2. If yes, explain

3. Are you or have been evicted?

____ Yes ____ No

4. What size apartment?

____ 1 BR ____ 2 BR ____ 3 BR



TENANT

List Vehicles owned and License #

CO-TENANT

List Vehicles owned and License #

OTHER INDIVIDUALS TO RESIDE IN THE APARTMENT

Name (Include Middle Name)

Social Security # (Required)

Date of Birth

REAL PROPERTY (House.Farmland.etc.)

Do you own any property? _____ Yes _____ No

If yes, what type of property? _____

Appraised Market Value \$ _____/Mortgage Balance/Real Estate taxes

Real Estate Tax Amount \$ _____

Have you sold/dispensed of any property in the last 2 years? _____ Yes _____ No

If yes, what type of property? _____

Market Value When Sold/Disposed \$ _____

Amount Sold/Disposed for \$ _____

Date of Transaction _____

Have you disposed of any other assets in the last two years? _____ Yes _____ No

(Examples: Given money to relatives, set up irrevocable trust accounts, etc.)

If yes, describe asset _____

Date of Disposition _____

Amount Disposed \$ _____

Please return to:

GROSS INCOME (Before Taxes)

This apartment building requires tenant income qualifications. To rent an apartment you must complete and sign this income and asset disclosure form.

Do you or anyone in your household receive or expect to receive income from:

<u>INCOME</u>	YES	NO	<u>Tenant</u>	YES	NO	<u>Co-Tenant</u>
Wages/Salary	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
SSI	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pension	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Annuity	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
MFIP	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Support Received	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alimony/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Student Income (Grants)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parental Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self Employment/Business Income	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

INCOME FROM ASSETS:

Savings/Checking Interest	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
CD's	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stocks/Bonds, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contract for Deed	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Real Estate Income	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Business Assets	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

GROSS ANNUAL INCOME:

\$ _____

\$ _____

Do you anticipate any changes in your gross annual income in the next twelve (12) months? _____ Yes _____ No If yes, explain _____

Do you pay for Child Care? _____ Yes _____ No

If yes, amount per hour/week/month (circle one) \$ _____

Are either of you a full-time student? _____ Yes _____ No

Are you applying for status as disabled/and or elderly household? _____ Yes _____ No

(Tenant of co-tenant must be 62 years of age or older, disabled, or member of a household previously defined as disabled/elderly).

Eligibility must be verified.

Are you or anyone in your household requesting a fully accessible apartment? _____ Yes _____ No

Do you have ISA (International Symbol for Accessibility) parking permit? _____ Yes _____ No

MEDICAL/HANDICAPPED/DISABLED EXPENSES

❖ Complete this section only if tenant or co-tenant is 62 or older, disabled, or handicapped.

Do you have any of the following medical expenses?

	Yes	No	<u>Head of Household</u>	Yes	No	<u>Spouse</u>
Source of Medical Expenses: (anticipate over the next twelve (12) months)						
Medicare Premiums	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Health Insurance Premiums	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outstanding Doctor/Hospital Bills	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anticipated Doctor/Hospital Expenses	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dental	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prescription Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-Prescription Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Aids and Batteries	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Home Health Care	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical-Related Travel Costs	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disability Apparatus Costs	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disability Attendant Costs	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Projected Cost not covered by insurance Or reimbursed for the next twelve (12) months	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>TOTAL ANTICIPATED EXPENSES</u>			\$ _____			\$ _____

.....
I/We certify this housing is / will be my / our permanent residence. I / we do / will not maintain a separate rental unit in a different location. I/We certify all household and income information is correct.

Tenant Signature Date

Co-Tenant Signature Date

.....

“The information regarding race, national origin and sex designation solicited on the Application is requested in order to assure the Federal Government, acting through the USDA-Rural Development, Rural Housing Service, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disabilities are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your Application or to discriminate against you in any way. However, if you choose not to furnish it, the management is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

RACE/NATIONAL ORIGIN:
 White _____
 Asian _____
 Native Hawaiian or other Pacific Islander _____
 Black/African American _____
 American Indian/Alaskan Native _____
 Two or more Races _____
 Other _____

CATEGORY FOR ETHNICITY
 Hispanic/Latino _____
 Non Hispanic/Latino _____

SEX OF THE TENANT:
 Male _____ Female _____

SEX OF CO-TENANT
 Male _____ Female _____



Security
Management &
Realty, Inc.
Equal Housing Provider & Employer

201 N. Broad St., Suite 109, Mankato, MN 56001 – (507) 345-1290 – Fax (507) 387-6843 – e-mail smr@hickorytech.net

RELEASE OF INFORMATION

I, _____, the tenant/cotenant, am giving my permission to Security Management & Realty, Inc. to obtain any and all information necessary to complete my certification paperwork and references. This includes but is not limited to: asset, income and medical information.

Tenant/Cotenant Signature

Date



**SECURITY
MANAGEMENT &
REALTY, INC.**

This institution is an equal opportunity provider.

201 N. Broad St. • Suite 109 • Mankato, MN 56001 • (507) 345-1290 • FAX (507) 387-6843 • e-mail: smr@hickorytech.net

Application fees in the amount of **\$30.00 per person** will be used to process your application.

The fee will be used for a criminal background check and credit history report. **Cash or check will not be accepted.** Please make money orders payable to:

The application will not be processed without an application fee.

I understand that the site will deny my household's application if any adult household member has been convicted of a felony crime. By signing this form, I consent to the release of my criminal record to the site, and I agree that I will not file any claim or lawsuit relating to the site's use of my criminal record for screening purpose.

Signature _____

Signature _____

Date _____

MANAGEMENT / OWNER: _____ ADDRESS: _____
 PHONE #: _____ LEASE TERMS: _____ MOVE IN: _____ UNIT #: _____

AGENT: _____ RENTS: _____ DEPOSIT \$: _____ CHECK #: _____ VERIFIED: _____ UNIT #: _____



SCREENING REPORTS, INC.
 729 N ROUTE 83 SUITE 321, BENSENVILLE, IL 60106
 PHONE TOLL-FREE (866) 389-4042 FAX (866) 389-4043

Applicant _____ Last Name _____ First Name _____ Middle _____ Social Security # _____ Birth Date _____
 Spouse _____

Addresses	Apt #	From / To	City	State	Zip	Caretaker (Phone #)
Current		/				
Previous		/				
Previous		/				

Employer / Address, City, State, Zip _____ From / To _____ Contact _____ Phone # _____ Salary _____

Current	Applicant Previous or Spouse Current	From / To	Contact	Phone #	Salary
		/			
		/			

Account Reference	Bank Name	Account #	Applicant's Phone #	Residence	Work	Drivers License	License #	State
						(App.)		
						(Spouse)		

Additional Information _____

Names of Occupants	Party to Notify In Emergency	Name	Address	Phone #
Pets:	Nearest Friend			

Have You Ever: **Refused to Pay Rent When Due:** Yes / No **Filed for Bankruptcy:** Yes / No **Been Evicted:** Yes / No

Signed Release _____

I/WE AUTHORIZE SCREENING REPORTS TO DO A COMPLETE INVESTIGATION OF ALL INFORMATION PROVIDED ABOVE. I HAVE PERSONALLY FILLED IN AND/OR REVIEWED ALL INFORMATION LISTED ABOVE. I UNDERSTAND FAILURE TO COMPLETE THIS FORM COMPLETELY AND TRUTHFULLY MAY RESULT IN DENIAL AND/OR FORFEIT OF DEPOSIT. A COMPLETE INVESTIGATION MAY INCLUDE ANY OR ALL OF THE FOLLOWING: CREDIT REPORT, CRIMINAL RECORD, RENTAL HISTORY REFERENCES (INCLUDING MHPA) AND PERSONAL INTERVIEWS WITH ABOVE REFERENCES. I/WE AUTHORIZE SCREENING REPORTS TO PROVIDE TO THE CREDIT GRANTOR FEDERAL AND STATE RECORDS OF EMPLOYMENT AND INCOME HISTORY, INCLUDING STATE EMPLOYMENT SECURITY AGENCY RECORDS. THIS AUTHORIZATION IS FOR THIS TRANSACTION ONLY AND CONTINUES FOR (1) YEAR UNLESS LIMITED BY STATE LAW, IN WHICH CASE THE AUTHORIZATION CONTINUES IN EFFECT FOR THE MAXIMUM PERIOD, NOT TO EXCEED (1) YEAR, ALLOWED BY LAW. MY/OUR SIGNATURE(S) BELOW AUTHORIZES ALL ABOVE LISTED COMPANIES TO RELEASE RENTAL, JOB HISTORY (INCLUDING SALARY) AND CRIMINAL RECORD INFORMATION.

APPLICANT SIGNATURE _____

DATE _____

SPOUSE SIGNATURE _____

DATE _____

AUTHORIZATION TO RELEASE INFORMATION

MANAGER/LANDLORD: _____

PHONE: 388-4747

The management wishes to avoid admitting a family any one of whose members is involved in criminal activity which would adversely affect the health, safety, or welfare of other tenants and/or neighbors. To comply with this requirement, we ask your cooperation by supplying information on the criminal records, (if any), of the person listed below.

APPLICANT INFORMATION

Last name: _____

First name: _____

Full middle name: _____ D.O.B. _____ SEX: M F

I _____ hereby authorize and grant my informed consent to permit the Red Wing Police Department to release and make available to (manager/landlord) _____ any criminal record information that has been collected by the Red Wing Police Department as a result of my contacts and associations with the Red Wing Police Department. I also authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to manager/landlord listed above for the purpose of determining my eligibility to obtain housing.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

LAW ENFORCEMENT USE ONLY BEYOND THIS LINE

CRIMINAL RECORD

Crime	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Person completing criminal history: Tim Bohmbach

Date: _____

Agency: Red Wing Police Department

Signature: _____