

**Four Seasons Apartments**  
**1250 Autumn Drive Faribault, MN 55021**  
**Phone (507) 334-7080 Fax (507)334-3788**

**RENTAL APPLICATION-\$25.00 Application Fee**

**PLEASE TELL US ABOUT YOURSELF**

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
NAMES/AGES OF DEPENDENTS \_\_\_\_\_  
OTHER OCCUPANTS (ie. spouse, roommate etc.) \_\_\_\_\_  
DRIVER'S LICENSE OR ID NUMBER\* \_\_\_\_\_  
YOUR VEHICLE MAKE/MODEL \_\_\_\_\_ YEAR \_\_\_\_\_  
VEHICLE COLOR \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

\*We require a photocopy of your current ID for verification purposes

**PLEASE GIVE YOUR RESIDENCE HISTORY**

CURRENT ADDRESS \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Current Rent / Mortgage Payment \$ \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Current Rent / Mortgage Payment \$ \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE GIVE US YOUR EMPLOYMENT INFORMATION**

Full \_\_\_\_ Part \_\_\_\_ Summer \_\_\_\_ Retired \_\_\_\_ Hours \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_  
Date(s) Employed \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor Phone \_\_\_\_\_  
Salary \$ \_\_\_\_\_ per \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_  
Date(s) Employed \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor Phone \_\_\_\_\_  
Salary \$ \_\_\_\_\_ per \_\_\_\_\_

OTHER INCOME SOURCE \_\_\_\_\_

**PLEASE LIST YOUR BANK AND CREDIT REFERENCES**

YOUR BANK(S)

CITY-STATE

1. \_\_\_\_\_

2. \_\_\_\_\_

CREDIT REFERENCE (Credit Cards)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PLEASE LIST A PERSONAL REFERENCE (Not Related)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

HAVE YOU EVER: FILED FOR BANKRUPTCY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
BEEN EVICTED FROM TENANCY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
BEEN CONVICTED OF A CRIME? \_\_\_\_\_ YES \_\_\_\_\_ NO

MILITARY STATUS \_\_\_\_\_

I AM AWARE THAT THE APPLICATION FEE OF \$25.00, CHARGED TO PROCESS MY APPLICATION, NON-REFUNDABLE. BY SIGNING BELOW, I AM GIVING AUTHORIZATION TO FOUR SEASONS APARTMENTS OR ANY SCREENING AGENCY CONTRACTED BY THEM TO OBTAIN A CRIMINAL HISTORY RECORD. ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT US?**

\_\_\_\_\_ Driving by

\_\_\_\_\_ Referral Service

\_\_\_\_\_ Newspaper Ad

\_\_\_\_\_ Referral by resident

\_\_\_\_\_ Other

Which one? \_\_\_\_\_

Which newspaper? \_\_\_\_\_

Name/Address of resident \_\_\_\_\_

Please specify \_\_\_\_\_

**PLEASE SUPPLY US WITH A COPY OF A  
PHOTO I.D.**

**OR**

**BRING ONE WITH YOU AND WE  
WILL MAKE A COPY FOR YOU**

**Apartment Services Plus, Inc.**  
**7400 Metro Blvd. #419**  
**Tel: 800/825/9592 Edina, MN 55439 Fax: 800/525/9486**

### **Consent to Release of Information**

I authorize and consent to the release of any and all information to ASP, Inc. and Four Seasons Apartments Staff as required in conducting an investigation of my background in connection with my application to lease an apartment. Such information may include credit, employment, residency, rental, banking, criminal and government financial aid. I agree to hold ASP and Four Seasons Apartments harmless from any claims for damages resulting from such information. However, ASP and Four Seasons Apartments agrees to, upon written request, reinvestigate and report any information that I claim as being false.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

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