

Whispering Meadows

c/o Kristy McCrady

PO Box 161

Bemidji, MN 56619

218-444-8590 (phone)

866-514-7002 (fax)

Applicant Information

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Additional Household Members (list additional members that will reside in your household during your occupancy)

First Name	Last Name	Relationship	DOB	Age	Sex	Social Security #
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Emergency Contact

Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

Miscellaneous

Are you receiving any assistance from any Housing Assistance program (HUD, Section 8, etc)? Yes No (Please circle)

Have you applied for any Housing Assistance Program (HUD, Section 8, etc) Yes No (Please circle)

Do you anticipate ANY changes in your household during the next 12 months? If yes please explain:

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 (Please circle)

Will any household member listed above be a student during the next 12 months? Yes No (Please circle)

Income and Assets

Household anticipated GROSS income from ALL sources is: _____ (weekly/monthly/yearly) please circle

Household anticipated asset value is: _____. Anticipated income from assets: _____

Criminal History

Has any household member ever been convicted or plead guilty to a felony? Yes No (Please circle)

Has any household member ever been convicted or plead guilty to the illegal use, manufacture or distribution of a controlled substance? Yes No (Please circle)

Has any household member ever been convicted of or pleaded guilty to charges for sexual misconduct? Yes No (Please circle)

Is any household member a registered sex offender? Yes No (Please circle)

Does any household member have ANY pending criminal charges? Yes No (Please circle)

References

Have you owned your own home for the last 3 years? Yes No (Please circle)

Have you rented in the past 3 years? Yes No (Please circle)

Have any household member ever been evicted? Yes No (Please circle)

Landlord References

List all the places you have lived in the past three years. *(Please list additional Landlords on a separate sheet of paper).*

Present Landlord:

Phone:

Landlord Mailing Address:

Address of Property rented:

Dates Rented: From:

To:

Monthly Rental Amount:

Reason for moving:

How many days are you required to give to vacate?

Previous Landlord:

Phone:

Landlord Mailing Address:

Address of Property rented:

Dates Rented: From:

To:

Monthly Rental Amount:

Reason for moving:

Previous Landlord:

Phone:

Landlord Mailing Address:

Address of Property rented:

Dates Rented: From:

To:

Monthly Rental Amount:

Reason for moving:

Please list all states resided in over the past 10 years (include complete addresses of each state lived in:

Personal References: *Other than family members and landlord references)*

	Name	Complete mailing address	Phone number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I/We certify that all information in this application is true to the best of my knowledge and that I/we understand that false statements or wrong information is punishable by law and will lead to cancellation of the application or termination of tenancy after occupancy.

I/We do hereby authorize Jonzek LLC and their staff or authorized representatives to contact emergency contacts listed previously, any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing.

I/We understand that by signing this form I/we are granting Jonzek LLC permission to verify my credit history, rental references, criminal background and income.

Signature of applicant:

Date:

Signature of co-applicant:

Date:

