

To: MCC

Fax: 952-942-0582

Property Owner/Management Company: Uptown Properties	Agent: Faith Vokovan	# Pages	From: Location: Minneapolis
Property Address:	Unit Size:		Fax: 651-665-0307
# of occupants:	Security Deposit: \$	Rent Amount: \$	Move-in Date:

APPLICANT INFORMATION/RESIDENTIAL HISTORY

(NOTE: EACH Co-resident MUST submit a separate application. Joint application ONLY applies to married couples with same last name)

Applicant Last Name:	First:	Middle:			
Home Phone:	Work Phone:	Cell Phone:	Driver's License #:		
Date of Birth:	Maiden Name/ A.K.A.'s	Social Security Number:			
Spouse Last Name:	First:	Middle:			
Home Phone:	Work Phone:	Cell Phone:	Driver's License #:		
Date of Birth:	Maiden Name/ A.K.A.'s	Social Security Number:			
Current Address:	Apt #	Rent Amount	City:	State:	ZIP Code:
From:	To:	Landlord/Management Company:	Phone:		
Previous Address:	Apt #	Rent Amount	City:	State:	ZIP Code:
From:	To:	Landlord/Management Company:	Phone:		

SOURCE OF INCOME/EMPLOYMENT HISTORY

Applicant's Employer	Position:	Hire Date:	Salary:
			\$
Address:	Supervisor:	Phone:	Part Time
			FullTime
Previous Employer	Position:	Hire Date:	Salary:
			\$
Address:	Supervisor:	Phone:	Part Time
			FullTime
Spouse's Employer	Position:	Hire Date:	Salary:
			\$
Address:	Supervisor:	Phone:	Part Time
			FullTime
Assistance/Other Income Type (check boxes)			
AFDC/MFIP	SOC. SEC.	GENERAL ASSISTANCE	OTHER
Amount of Income:	Social Worker's Name:	Phone:	County
\$			

**FINANCIAL/AUTO INFORMATION**

Bank Name:		Bank Address/Location:		Phone:
Checking Account #		Savings Account #		Other Account#
VEHICLE INFO	Make:	Model:	Year:	License Plate:
2nd VEHICLE	Make:	Model:	Year:	License Plate:

**EMERGENCY CONTACT INFORMATION**

Name of Nearest Emergency Contact:	Address:	Phone:
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**OTHER OCCUPANTS**

List All Other Occupants:	Age:	Relationship:

List Pets	Type	Name	Breed	Proof of Vaccination

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I state the above information to be true and correct. Any falsified information voids my application and my application fees.

I authorize any Federal, State or Local Agency or Business to release to Landlord Protection Agency any information or materials needed to verify this application. I give my consent to inquire into my credit history, criminal background (county and state), and any other means necessary to verify my eligibility for rental housing and/or employment.

APPLICANT PRINTED NAME	_____	SS#	_____
APPLICANT SIGNATURE	_____	DATE:	_____
SPOUSE PRINTED NAME	_____	SS#	_____
SPOUSE SIGNATURE	_____	DATE:	_____

SUMMIT	MEMBER #	DATE:	CALLER:
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