



**MULTIHOUSING CREDIT CONTROL**  
**10125 CROSTOWN CIRCLE, STE. #100**  
**EDEN PRAIRIE, MINNESOTA 55344**

**CUSTOMER ID: # 6343**  
**KARI DALE APARTMENTS**  
**Phone: (651) 484-6013 \* Fax: (651) 494-9308**

This application must be filled out completely. Driver's License or ID required to complete application.

**Office Use Only**

BUILDING ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_ REFERRED BY \_\_\_\_\_  
 LEASE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ MOVE IN DATE: \_\_\_\_\_ LEASING AGENT \_\_\_\_\_  
 MONTHLY RENT\$ \_\_\_\_\_ GARAGES\$ \_\_\_\_\_ DEPOSIT DATE: \_\_\_\_\_ DEPOSIT AMT.\$ \_\_\_\_\_  
 APPLICATION FEE \$ \_\_\_\_\_ (Fee is non-refundable) (ONE PERSON PER APPLICATION PLEASE)

APPLICANT LAST NAME	MAIDEN/PREFIX	FIRST	MIDDLE
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HOME PHONE	CELL PHONE	EMPLOYER PHONE
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SOCIAL SECURITY # OR INS #	DATE OF BIRTH	DRIVERS LICENSE #	STATE ISSUED:
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PRESENT ADDRESS	CITY	STATE	ZIP
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UNIT #	FROM	TO	RENT \$	LANDLORD/PROPERTY NAME	PHONE NUMBER
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PREVIOUS ADDRESS	CITY	STATE	ZIP
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UNIT#	FROM	TO	RENT \$	LANDLORD/PROPERTY NAME	PHONE NUMBER
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PRESENT EMPLOYER	PHONE #	POSITION	DATES
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ADDRESS	PART/FULL TIME	SUPERVISOR	SALARY
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PREVIOUS EMPLOYER	PHONE #	POSITION	DATES
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ADDRESS	PART/FULL TIME	SUPERVISOR	SALARY
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OTHER INCOME/SOURCE	PHONE #	CONTACT	AMOUNT
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ADDITIONAL OCCUPANTS	EMERGENCY CONTACT NAME & NUMBER
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VEHICLE INFORMATION	LICENSE #	YEAR	MAKE & MODEL
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Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Have you ever been evicted or asked to move? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever refused to pay rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Do you have a legal right to be in the United States? <input type="checkbox"/> Yes, I am a US Citizen. <input type="checkbox"/> Yes, I have valid documentation from the U.S. Dept. of Immigration and Naturalization (INS) that allows me to be in the country. <input type="checkbox"/> No
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I authorize Multihousing Credit Control whose address is 10125 Crosstown Circle, Suite #100, Eden Prairie, MN 55344 to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_