

264 Kansas Ave. SE Huron, SD 57350

Main Office Phone: 605-461-1322 or 605-461-0217 or 605-461-0974

Grafton Office: 701-715-4851 Fax: 701-491-7438

## **Market Rental Application**

A Screening fee of \$50.00 is required to process your application.

1. TENANT INFORMATION:

	a.	Applicant Name			
				Cell Phone ()	
		Date of Birth	_ Social Security No.		
		Driver's License No		State Issued	
		Email Address			
	b.				
				Cell Phone ()	
		Date of Birth	_ Social Security No.		
		Driver's License No		State Issued	
	c.	All other household members:			
		Name	Date of Birth	Social Security No	
		Name	Date of Birth	Social Security No	
		Name	Date of Birth	Social Security No	
2.	EMPLO	DYMENT INFORMATION:			
	a.	Applicants Employment Status:		[(Full or Part Time, Student or Unemployed)	
		Employer		_ Phone No	
		Address			
				Start Date	
		Supervisor Name		Monthly Income	



	b.	b. Co - Applicants Employment Status: (Full or Part Time, Student or U		or Unemployed)			
		Employer	Phone	e No			
		Address					
		Job Title					
		Supervisor Name	Mor	nthly Income			
	c.	All other household income:					
3.		AL HISTORY FOR LAST 3 YEARS:					
	a.	Current Address					
		Move In Date					
		Landlord Name					
		Reason for leaving					
	b.	Previous Address					
		Move In Date					
		Landlord Name					
		Reason for leaving					
	c.	Previous Address					
		Move In Date					
		Landlord Name		Phone No.			
		Reason for leaving					
4.	HISTO	HISTORY OF ALL HOUSEHOLD MEMBERS:					
	a.	Have you ever filed for bankruptcy?		YES	NO		
	b.	Have you ever been evicted from a renta	l residence?	YES	NO		
	c. Do you have any outstanding judgements?		YES	_ NO			
	d.	d. Have you ever been convicted of a felony?		YES	_ NO		
	e. Have you ever been convicted of a sex related crime?		YES	_ NO			
f. If you answered YES to any of the above questions, please explain				explain			
5. REFERENCES:							
	a.	Name		Phone No			
	b.	Name		Phone No			
	c.	Name		Phone No			

By signing below, I represent that the information provided in this Application is true and correct to the best of my knowledge. Meyer Property Management will use the information provided to determine whether to								
accept this application.								
Applicants Name	Date							
Co-Applicants Name	Date							
AUTHO	DRIAZTION							
By signing below, I authorize Meyer Property Managemer	nt to order and review my credit and criminal							
background screening, to investigate the accuracy of the i	information I have provided in this application.							
Applicants Name	Date							
Co-Applicants Name	Date							