



Apt. # _____
M.I. DATE _____
RENT AMT. _____
COMPLEX _____

APPLICATION FEE \$ _____
THIS FEE IS NON-REFUNDABLE SHOULD THIS APPLICATION FOR RENTAL BE ACCEPTED OR NOT.

4915 West 35th Street, St. Louis Park, MN 55416 • 952-925-3878 (Phone) 952-928-3832 (Fax)

EACH APPLICANT PLEASE COMPLETE SEPARATE APPLICATIONS.

APPLICANT NAME	FIRST, MIDDLE, LAST	DATE OF BIRTH	SOCIAL SECURITY #

DRIVERS LICENSE #

SOURCE OF INCOME		
NAME OF BUSINESS	POSITION	PHONE
ADDRESS		SUPERVISOR'S NAME
SALARY - GROSS	Wkly.	How LONG?
	Mo.	
PREVIOUS EMPLOYER	How LONG	PHONE
ADDITIONAL INCOME	AMOUNT	PHONE

PLACES OF RESIDENCES		
PRESENT ADDRESS	APT. #	How LONG?
CITY	STATE	ZIP
PRESENT LANDLORD	RENT Pd.	PHONE
	MO.	
PREVIOUS ADDRESS	APT. #	How LONG?
PREVIOUS LANDLORD	RENT Pd.	PHONE
	MO.	
PREVIOUS ADDRESS	APT. #	How LONG?
PRESENT LANDLORD	RENT Pd.	PHONE
	MO.	

REFERENCES			
NAME OF FATHER AND/OR MOTHER			PHONE
ADDRESS	CITY	STATE	ZIP
PERSONAL REFERENCE (NO RELATIVES PLEASE)			PHONE
ADDRESS	CITY	STATE	ZIP
IN CASE OF EMERGENCY PLEASE CONTACT			PHONE
ADDRESS	CITY	STATE	ZIP

LIST ALL OCCUPANTS		
NAME	RELATIONSHIP	AGE

REASON FOR MOVING:

DO YOU HAVE A WATER BED? YES NO
 DO YOU HAVE A PIANO? YES NO
NO PETS ALLOWED AT ANYTIME.

AUTO			
MAKE	YEAR	LICENSE PLATE #	MODEL/COLOR
MONTHLY PAYMENT	PAID TO WHOM		

HOW DID YOU FIRST LEARN ABOUT OUR APARTMENTS?		
<input type="checkbox"/> NEWSPAPER AD	<input type="checkbox"/> FORMER RESIDENT	<input type="checkbox"/> FOR RENT MAGAZINE
<input type="checkbox"/> FRIEND	<input type="checkbox"/> LIVING GUIDE BOOK	<input type="checkbox"/> DRIVE-BY
<input type="checkbox"/> APARTMENT SEARCH REFERRAL CENTER	<input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER REFERRAL CENTER: _____		

I/WE GRANT PERMISSION TO PAST AND PRESENT LANDLORDS TO DISCLOSE INFORMATION TO SELA INVESTMENTS/PARTNERS AS IT RELATES TO MY/OUR RENTAL HISTORY, AND I/WE GRANT PERMISSION TO MY/OUR EMPLOYER(S) TO RELEASE INFORMATION TO SELA INVESTMENTS/PARTNERS AS IT RELATES TO MY/OUR EMPLOYMENT, INCLUDING LENGTH OF EMPLOYMENT, ADDITIONAL SOURCE INCOME, SOCIAL SECURITY NUMBER AND COMPENSATION. IF I/WE ARE ACCEPTED FOR THE APARTMENT, I/WE AGREE THAT IF I/WE DO NOT MOVE INTO THE APARTMENT I/WE HAVE APPLIED FOR, I/WE WILL LOSE MY/OUR DEPOSIT PLUS I/WE WILL BE LIABLE FOR RENT. A REPRODUCTION OF THIS AUTHORIZATION MAY BE DEEMED TO BE THE EQUIVALENT OF THE ORIGINAL AND MAY BE USED AS A DUPLICATE ORIGINAL.

SELA INVESTMENTS/PARTNERS SHALL HAVE THE RIGHT TO DENY THIS APPLICATION IF APPLICANT FOR WHATEVER REASON FAILS TO HEREIN DISCLOSE ANY RENTAL AND/OR CREDIT REFERENCES, OR DOES NOT MEET THE SELECTION CRITERIA. NO REFUND ON APARTMENT APPLICATION DEPOSITS UNLESS APPLICATION IS DISAPPROVED BY THE MANAGEMENT.

I/WE AUTHORIZE WHATEVER CREDIT INVESTIGATION YOU MAY CONSIDER APPROPRIATE. THIS INVESTIGATION MAY INCLUDE THE EXCHANGE OF INFORMATION AND A REPORT FROM A CREDIT REPORTING AGENCY. IF A CREDIT REPORTING AGENCY FURNISHES A REPORT, ITS NAME AND ADDRESS WILL BE FURNISHED UPON MY/OUR REQUEST.

RECEIPT OF _____ BY _____ CHECK OR CASH SIGNATURE OF APPLICANT _____

ON _____ DATE _____ IS HEREBY ACKNOWLEDGED



Reasonable accommodations will be made so that persons with disabilities may obtain housing.