

Bowman Properties Incorporated

Greysolon Plaza, Suite 206
231 East Superior Street
Duluth, Minnesota 55802

Phone (218) 722-3131
Fax: (218) 733-5750
TDD: 1-800-627-3529

APPLICATION FOR APARTMENT RENTAL

(Please Print Clearly)

Building _____ Address _____ Apartment No. _____

Applicant #1 _____
NAME BIRTHDATE HOME PHONE SOCIAL SECURITY #

Applicant #2 _____
NAME BIRTHDATE HOME PHONE SOCIAL SECURITY #

Present Address _____ Reason for Moving _____

Rent Amount _____ Dates Living Here _____

Present Landlord (if any) _____ Do you own your own home? Yes ___ No ___

Landlord Address & Phone _____

Previous Address _____ Reason for Moving _____

Rent Amount _____ Dates Lived Here _____

Previous Landlord (if any) _____

Landlord Address & Phone _____

Employer (Applicant #1) _____ Address _____ Phone _____

Employer (Applicant #2) _____ Address _____ Phone _____

Name of your Bank _____ Type of Accounts _____

Monthly Income _____

Credit Reference:

Name _____ Address _____ Phone _____

Automobile (Applicant #1) Make _____ Color _____ Year _____ Driver's License _____

Automobile (Applicant #2) Make _____ Color _____ Year _____ Driver's License _____

How did you hear about this apartment? Ad _____ Drive-by _____ Other _____

Closest relative or friend other than Applicant #2 to be notified in case of emergency:

Name _____ Address _____ Phone _____

Physician _____ Address _____ Phone _____

Have you ever been convicted of a felony? Yes or No, If yes, please explain. _____

_____ Have you ever been evicted from an apartment for any reason? Yes or No, If yes,

Please explain _____

Lease date from _____ to _____ Occupancy Date _____

Deposit of \$ _____ has been received by Bowman Properties. It is agreed by the undersigned that this deposit will be forfeited if application is not acceptable because of incorrect or misleading information furnished by applicant(s) or if applicants fail to sign the lease and/or occupy the apartment. This application is subject to approval by management and deposit will be refunded if application is not accepted.

Please sign and date below:

Applicant #1 _____ Date _____

Applicant #s _____ Date _____