

VAN BINSBERGEN & ASSOCIATES, INC.

540 South 1st St.
Montevideo, MN 56265
Office: 320-269-6640

"Providing Quality Services with a
Personal Touch."

Professional Services Offered:
Property Management
Real Estate

E-mail: office@vanblc.com
Website: www.vanblc.com
Fax: 320-269-7789

*** A \$20.00 APPLICATION FEE IS REQUIRED FOR EACH ADULT LISTED ***

BLACK OAK APARTMENTS

Name: _____ Date of Birth: _____

Social Security Number: _____ Annual Income: _____

Telephone Number: (Home/Cell) _____ (Work) _____

Co-Tenant Name: _____ Date of Birth: _____

Social Security Number: _____ Annual Income: _____

Telephone Number: (Home/Cell) _____ (Work) _____

Other Household Members:

Name: _____ Relationship: _____ Date of Birth: _____

List three references, including addresses and phone numbers. References will be contacted. Unverifiable references may affect eligibility for apartment rental.

Name: _____ Address: _____ Phone #: _____

List previous landlords, including addresses and phone numbers. We will contact them to determine your rental history.

Name: _____ Address: _____ Phone #: _____

Head of Household employer: _____

Address: _____

Phone #: _____ Contact Name: _____

Other household member employer: _____

Address: _____

Phone #: _____ Contact Name: _____

I/We hereby state that all information contained in this application is true and correct to the best of my/our knowledge or belief. I/We do hereby authorize Van Binsbergen & Associates, Inc and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by Van Binsbergen & Associates, Inc. Further, I/we consent to the release of wage matching data to the RHS and the borrower.

SIGNATURES:

Tenant

Date

Co-Tenant

Date

In Order to be considered for occupancy, this application must be completed in Full, include Application fee of \$20.00 and mailed to:

Van Binsbergen & Associates, Inc.
540 S. 1st Street
Montevideo, MN 56265



Lease with Confidence.

Van Binsbergen & Associates, Inc.
540 S. 1st Street
Montevideo, MN 56265
(O) 320-269-6640 (F) 320-269-7789

(FOR OFFICE USE ONLY)

SITE NAME:
RHR ACCT #:

General Consent Form

Personal Information:

I, [Last Name] [First] [Middle] [Maiden] have made application

with Van Binsbergen & Associates, Inc. for [State Purpose]

Current Address [City] [State] [Zip Code]

Previous Address [City] [State] [Zip Code]

[Date of Birth] [Sex] [Social Security Number] [Driver's License] [State] [Home Phone]

Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. 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, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice.

Applicant Signature Date

OUT-OF-STATE CRIMINAL RECORDS SEARCH

Form with four rows for recording City/County and State information.



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Applicant Signature

Date

OUT-OF-STATE CRIMINAL RECORDS SEARCH

Form with four fields for City / County and State.

701 5th Street South • Hopkins, MN 55343

PH> 952-545-3953 / 888-389-4023 • FX> 952-545-3973 / 888-389-4024 • www.RentalHistoryReports.com

TENANT RELEASE AND CONSENT

United States Department of Agriculture
Rural Development & HUD

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to **Van Binsbergen & Associates** (Owner or Agent), for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identify; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Veterans Administration
State Unemployment Agencies
Retirement Systems
Banks/Other Financial Institutions

Welfare Agencies
Previous Landlords (including public housing agencies)
Social Security Administration
Support and Alimony Providers
Medical and Child Care Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Signature

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date



"This institution is an Equal Opportunity Provider, and Employer."
To file a complaint of discrimination write to USDA, Director, Office of Civil Rights,
1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or
call (800) 795-3272 (voice), or (202) 720-6382 (TTD).