

APPLICATION FOR WASHINGTON SQUARE OCCUPANCY

Please print and complete both sides of the application form

Date: _____

Applicant Name: _____

Birth Date: _____ Social Security Number: _____

Home Phone Number: _____ Work Phone Number: _____

Present Address: _____ How Long? _____

Co-Applicant Name: _____

Birth Date: _____ Social Security Number: _____

Home Phone Number: _____ Work Phone Number: _____

Present Address: _____ How long? _____

List all persons who will live in the rental unit:

<u>Full Name</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>Birth Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

Present Landlord: _____

Address: _____ Phone #: _____

Former Landlord: _____

Address: _____ Phone #: _____

Applicant's Employer: _____

Address: _____

Co-Applicant's Employer: _____

Address: _____

References: Bank, Credit and Personal

<p>Bank:</p> <p>Name: _____ Phone #: _____</p> <p>Address: _____</p>

Credit:

Name: _____

Phone #: _____

Address: _____

Personal:

Name: _____

Phone #: _____

Address: _____

Has the applicant/co-applicant ever:

Been evicted or asked to move out of a property? Yes No

Been sued for damage to rental property? Yes No

Been sued for non-payment of rent? Yes No

Broken a Rental Agreement or Lease? Yes No

Been convicted of a crime? Yes No

If so explain: _____

Are you currently being investigated /prosecuted for a crime pending? Yes No

If so explain: _____

Are applicant/co-applicant listed as a registered sex offender in any state? Yes No

If so, what state? _____

When do you wish to move in? _____

I (We) authorize Skogen Company to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 US C, Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I (We) also authorize Skogen Company to obtain present and previous landlord references. Any information given shall be held in strict confidence.

I (We) certify that the foregoing information is true and complete to the best of my knowledge. I (We) authorize inquires to be made to verify the statements above.

Date

Signature of Applicant

Date

Signature of Co-Applicant

PLEASE RETURN THIS APPLICATION TO: SKOGEN COMPANY
P.O. Box 216
Irene, SD 57037

Application inquiries may be directed to the above address or made by calling (605) 263-3941, between the hours of 9 am – 4:30 pm, Monday – Friday.