



**SAFE TRANSITIONS
PREVAIL HOUSE**



**1419 Hwy 33 S., Cloquet, MN 55720
APPLICATION FOR RENTAL**

Notice: All adult applicants (18 years or older) must complete a separate application for rental. If services are to be provided, a separate application must be completed.

Room #	RENT	START DATE	AGENT/REFERRED BY	
APPLICANT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE ()	WORK PHONE ()	EMAIL	
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
OTHER OCCUPANTS-One occupant per room unless other arrangements are made.				
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER				
LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER				
PETS are not allowed on this property unless approved separately by the landlord.				
PETS?	DESCRIBE			
EMPLOYMENT & INCOME INFORMATION				
1. OCCUPATION		EMPLOYER/COMPANY	MONTHLY SALARY \$	
SUPERVISOR NAME		SUPERVISOR PHONE ()	START DATE	END DATE
1. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$	
2. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$	
EMERGENCY CONTACT				
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
PERSONAL REFERENCES				
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP	

BACKGROUND INFORMATION

HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Been convicted of a crime? If yes, please provide Type of Offense, County, and State. <input type="checkbox"/> Yes <input type="checkbox"/> No	

VEHICLE INFORMATION

1. MAKE & MODEL	YEAR	LICENSE NO. & STATE
2. MAKE & MODEL	YEAR	LICENSE NO. & STATE

OTHER VEHICLES

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION

I/we, the undersigned, authorize Landlord and its agents to obtain an investigative consumer credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information.

Important information about your rights under the Fair Credit reporting Act:

- You have a right to request disclosure of the nature and scope of the investigation.
- You must be told if information in your file has been used against you.
- You have a right to know what is in your file, and this disclosure may be free.
- You have the right to ask for a credit score (there may be a fee for this service).
- You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

A summary of your rights under the Fair Credit Reporting Act is available by visiting or writing (Para información en español, visite o escriba): <http://www.ftc.gov/credit>

Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Avenue N.W., Washington D.C. 20580

(Signed/Applicant)Date

Consumer Report Disclosure and Authorization

In connection with my application for housing, I understand that the property owner/agent may obtain one or more consumer reports, which may contain public information, for the purposes of evaluating my application. These consumer reports will be obtained from one or more of the following consumer reporting agencies:

- **Equifax**, E.C.I.F., P.O. Box 740241, Atlanta, GA, 30374-0241, (800) 685-1111
- **Trans Union**, Regional Disclosure Center, 1561 Orangethorpe Ave., Fullerton, CA, 92631, (714) 738-3800
- **Experian (TRW)**, Consumer Assistance, P.O. Box 949, Allen, TX, 75002, (888) 397-3742
- **On-Site Manager, Inc.**, P.O. Box 1514, Los Altos, CA, 94023-1514, (877) 222-0384
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These consumer reports are defined as investigative consumer reports. These reports may contain information on my character, general reputation, personal characteristics and mode of living. In connection with my application for housing, I authorize owner/agent to obtain a consumer report from the consumer reporting agencies listed above.

Signature: _____

Name Printed: _____

Date: _____

If you would like to receive a copy of any investigative consumer report at no cost to you, please initial here: _____

If you would like to receive a copy of any credit report at no cost to you, please initial here: _____

PLEASE NOTE:

If you wish to dispute the accuracy or completeness of any item in the consumer report, you may contact the consumer reporting agency named above and request an investigation. You also may view the file maintained on you by the above credit reporting agency during normal business hours. You can receive a copy of your file by providing proper identification and paying any related-copy costs. You may also receive a summary of the file by telephone. The agency is required to have employees available to explain your file to you, and they must explain any coded information in your file. You can bring someone with you to view the file, so long as they have identification.