

Westrom Realty, Inc. - Property Management

1025-19th Ave. SW ~ Willmar, MN 56201
Phone 320-235-0742 ~ Fax 320-235-0759
"This institution is an equal opportunity provider"

RENTAL APPLICATION CRITERIA WESTROM REALTY, INC 1025-19th AVE SW WILLMAR, MN 56201

All applicants are processed in accordance with the following criteria.

RENTAL HISTORY

Information regarding the last three years of your rental history must be provided with your application. Information must include the complete address of each residence, the names, addresses and phone numbers of each landlord; and the dates of residence of each address. If any places were owned by you, then information regarding your mortgage lender should be substituted for landlord information, along with loan number.

EMPLOYMENT/SOURCE OF INCOME

Your employment or source of regular income must be verified. Your gross monthly income must exceed three times the monthly rent of the market rate residence that you wish to rent, unless you have a rental assistance program voucher. If you are high risk status, such as previous eviction, your application will not be approved.

CREDIT

Your credit history may be checked through appropriate government and credit agencies.

CRIMINAL RECORD CHECK

Your name and identity may be checked against records of law enforcement agencies. We reserve the right to refuse rental to persons who have been convicted of a felony.

TWO FORMS OF IDENTIFICATION ARE REQUIRED FOR EACH APPLICANT.

To maximize your chance of approval and to expedite the process, please take time to fill out your application as completely and as accurately as possible.

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APPLICATION FOR OCCUPANCY IN _____

(Name of Project)

Name _____

(First)

(Middle)

(Last)

Co-Tenant Name: _____

(First)

(Middle)

(Last)

Present Address: _____

How long? _____

Home Telephone number: _____

Work number: _____

Cell number: _____

Landlord Name: _____

Phone number: _____

Reason for moving: _____

Previous Landlord Name: _____

Phone number _____

Previous Address _____

How long: _____

Reason for moving: _____

Applicant's Name _____

S.S.# _____

- -

Birth / /

Co-Tenant's Name _____

S.S.# _____

- -

Birth / /

Household Member _____

S.S.# _____

- -

Birth / /

Household Member _____

S.S.# _____

- -

Birth / /

Tenant: _____

Occupation: _____

Name of Employer: _____

Employer's Address: _____

Number of years with Employer: _____

Phone number: _____

Supervisor name _____

Previous Employer: _____

Phone number: _____

Employer's Address: _____

Number of years with Employer: _____

Phone number: _____

Supervisor name _____

Non related reference: _____

Phone # _____

Non related reference: _____

Phone # _____

Co-Tenant: Occupation: _____
Name of Employer: _____
Employer's Address: _____
Number of years with Employer: _____ Phone number: _____
Supervisor name _____

Previous Employer: _____
Employer's Address: _____
Number of years with Employer: _____ Phone number: _____
Supervisor name: _____

Non related reference: _____ Phone # _____
Non related reference: _____ Phone # _____

Do you request the \$400.00 Disability adjustment? _____ yes _____ no
Are you a student? _____ yes _____ no

When do you desire occupancy? _____
Which Of The Following Units Are You Interested In? (check one)
One bedroom unit: _____ First floor: _____ Second floor: _____
Two bedroom unit: _____ First floor: _____ Second floor: _____
Handicap accessible unit: _____ Yes _____ No

Have you been convicted of misdemeanor? _____ YES _____ NO
or felony? _____ YES _____ NO
Yes No

- 1) _____ Are you a current illegal user of a controlled substance?
- 2) _____ Have you ever been convicted of the illegal use of a controlled substance?
- 3) _____ Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?
- 4) _____ If you answer "yes" to any of the three questions, have you successfully completed a controlled substance abuse recovery program or are

you _____
_____ presently enrolled in such a program? _____ Presently enrolled

I (We) certify this housing is/will be my (our) permanent residence.
I (We) do/will not maintain a separate subsidized rental unit in a different location.
I (We) certify all household and income information is correct.

Other Information:

List all cars, trucks, or other vehicles owned. Parking will be provided for one vehicle.
Type of Vehicle: _____ Year/Make: _____ Color: _____
License Plate No: _____ Registered to: _____
Type of Vehicle: _____ Year/Make: _____ Color: _____
License Plate No: _____ Registered to: _____

In case of emergency, etc., whom to contact: (parents, relatives, friends, etc.)

Tenant: Name: _____
Address: _____
Telephone: _____

Co-Tenant: Name: _____
Address: _____
Telephone: _____

Credit Information

Have you filed for bankruptcy in the past seven years? _____ If yes, explain

Credit Cards & Other Creditors:

_____ monthly payments \$ _____ Bal. \$ _____
_____ monthly payments \$ _____ Bal. \$ _____
_____ monthly payments \$ _____ Bal. \$ _____

Do you have a history of prompt rental payments? _____

Have you ever willfully and intentionally refused to pay any rent when due? _____

Have you ever been evicted? _____ If yes, please explain _____

Pets: Yes _____ No _____ What kind _____

This is a preliminary application and grants no lease or renting rights. The management reserves the right to approve or disapprove any application upon a thorough check of the information supplied. I authorize the management to conduct a credit check, criminal history, employment history, landlord reference check, and personal reference check of myself (the applicant) and listed household members, when being considered for an apartment. If occupancy has not transpired by Date of Occupancy Desired, it is my responsibility to reaffirm any future interest. I acknowledge that certain restrictions may apply as pertains to occupancy and other housing requirements as determined by management, local ordinances, state laws and USDA - Rural Development. By my signature below, I acknowledge that I agree to this Applicant Statement and that the information I provided on this form is true and correct.

Applicant Signature: _____

Co-Tenant Signature: _____

Date: _____

(This application valid for one year)

**Return to: Westrom Realty, Inc.
1025-19th Ave. SW
Willmar, MN 56201**

The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of an individual applicant on the basis of visual observation or surname.

Ethnicity: ___ Latino or Hispanic ___ Not Hispanic or Latino
Race: White ___ Black, or African American ___ Asian ___ American Indian /Alaskan Native ___ Native Hawaiian/Pacific Islander ___
Gender of Tenant: ___ Male ___ Female Gender of Co-Tenant: ___ Male ___ Female

TENANT CERTIFICATION SUMMARY WORKSHEET

Tenant: _____ Co-Tenant: _____

1. Periodic payments from:

- a. Social Security (including medicare) _____
- b. Pensions and Annuities _____
- c. AFDC _____
- d. S.S.I. _____
- e. Child Support _____

2. Income:

- a. Gross wages or salary

Tenant: _____
Co-Tenant: _____

3. Assets:

- a. CDs _____
- b. Checking _____
- c. Savings _____
- d. Stocks/Bonds/IRA's _____
- f. Contract for Deed Balance _____
- g. Real Property (tax statement) _____

TOTAL VALUE OF ASSETS _____

4. Actual Income from Assets (Interest):

- a. Interest on Savings and Checking _____
- b. Interest on CDs _____
- c. Investment Dividends _____
- c. Interest on Bonds _____
- e. Rental Income _____
- f. Net Farm or Business Income _____
- g. Interest on Contract for Deed _____

TOTAL INCOME FROM ASSETS (INTEREST) _____

5. Medical Expenses (Elderly and Disabled):

- a. Medicare payments _____
- b. Prescriptions _____
- c. Supplement Insurance Premiums _____
- d. Doctors and Dentists _____
- e. Other (glasses, hearing aids) _____

TOTAL MEDICAL EXPENSES _____

- f. 3% of gross income _____

TOTAL MEDICAL DEDUCTION _____

Tenant Signature Date

Co-Tenant Signature Date

Owner/Manager Signature

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LANDLORD STATEMENT

(A) This section to be completed by applicant:

Name of Landlord: _____ Phone: _____
Street: _____ City: _____ State: _____ Zip: _____
Applicant's Name: _____ S.S. # _____
(please print)

I authorize the release of the information on this form to the management for determining eligibility.

Applicant's Signature: _____ Date: _____

The person named above has applied for an apartment, and has authorized us to request of you, as landlord, information relating to his/her residence under your management. Your prompt response to the information requested below is necessary for a complete evaluation of the applicant. Your response will be kept confidential except upon request of the applicant. Please complete the following information and return to: Westrom Realty, Inc., 1025-19th Ave. SW, Willmar, MN 56201. A return envelope is enclosed for your convenience. Thank you for your cooperation.

Sincerely,

Management Westrom Realty, Inc

(B) This section to be completed by Landlord:

Dates applicant lived in your apartment complex:

From: _____ To: _____

Rent Payment:

1. Is (was) applicant current on rent? _____ How late and how often _____
2. Did you ever bring eviction proceedings for non-payment? _____
3. Did applicant pay any utilities? _____ Were utilities ever disconnected? _____

Caring for the unit:

1. Does (Did) applicant keep the unit clean? _____
2. Has this unit reported issues with bed bugs? _____
3. Has (Had) the applicant damaged the unit? _____ If so, did applicant pay for damages? _____
4. If applicant has (had) a security deposit, will you (did you) keep any of the deposit? _____

General:

1. Does (Did) applicant permit persons other than those on the lease to live in the unit? _____
2. Has (Had) applicant, family members or guests damage or vandalize the common areas or grounds? _____
4. Does (Did) applicant interfere with the rights and quiet enjoyment of other residents? _____
5. Were the police ever called because of disturbances caused by the applicant? _____
6. What was the reason applicant gave for leaving? _____
7. Are you (landlord) related to the applicant? _____
8. Would you re-rent to this applicant? _____ If no, why not? _____
9. What previous address did applicant give you? _____

Any additional comments that you feel would be important to a new landlord regarding this applicant.(either positive or negative) _____

Completed by: _____ Title: _____
Telephone: _____ Date: _____