

COMMERCIAL APARTMENTS
APPLICATION FOR APARTMENT OCCUPANCY AGREEMENT
218 SOUTH JEFFERSON, WADENA, MN 56482

EQUAL HOUSING OPPORTUNITY

Applicant: _____ Address: _____
City/State/Zip: _____ Phone: _____

Friend or relative to contact if we are unable to reach you:

Name: _____ Address: _____
City/State/Zip: _____ Phone: _____

FAMILY COMPOSITION: (LIST ALL HOUSEHOLD MEMBERS WHO WILL LIVE IN THE UNIT.)

Name (First, Middle, Last)	Relationship: Sex:	D.O.B.	Social Security no. or Alien Reg. No.	Place of Birth: (city/St./Country)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Landlords Name: _____

Address: _____ Phone: _____

Or: Do you own your own house? Yes _____ No _____

How long have you lived at your present location? _____

Give previous address and length of time residence: _____

Name and address of local police and sheriff's department for the city in which you reside. _____

If you have moved within the last month, give name and address of police and sheriff's departments where you previously lived: _____

Do you own an automobile? Yes _____ No _____

If so, complete the following:

Make: _____ Model & Color: _____

Year: _____ License Plate Number: _____

For Reference purposes: List the name, address and telephone number of two former landlords:

1. _____ 2. _____

Tel #: _____ Tel#: _____

Have you ever received rental assistance through any public Housing Agency in the past?

Yes _____ No _____

If yes, explain: _____

Applicant(s) / Tenant(s) Statement:

I / We certify that the information given to the Wadena Housing Agency on household information and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse/ Other

Date