

**INNOVATIVE PROPERTIES**

P.O. Box 390448

Minneapolis, MN 55439

Phone: 612.922.7925 Fax: 612.722.0885

**This application is for \_\_\_\_\_, Apartment # \_\_\_\_\_, beginning \_\_\_\_\_.  
The rent on this unit is \$ \_\_\_\_\_. There is an additional \$ \_\_\_\_\_ damage deposit, and a charge of \$ \_\_\_\_\_ more per month if you have a pet.**

THERE IS A NON-REFUNDABLE APPLICATION FEE OF \$35.00 PER PERSON APPLYING,  
OR \$35.00 TOTAL IF LEGALLY MARRIED WITH THE SAME LAST NAME.  
PLEASE MAKE YOUR CHECK OUT TO "INNOVATIVE PROPERTIES"

**COMPLETE FULLY - PLEASE PRINT**

NAME \_\_\_\_\_ SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
MAIDEN NAME(S) \_\_\_\_\_ A.K.A (LIST ALL) \_\_\_\_\_  
MARITAL STATUS \_\_\_\_\_ CHILDREN? Y/ N IF YES, AGE & SEX \_\_\_\_\_  
PRESENT PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
DRIVER'S LICENSE NUMBER \_\_\_\_\_ MAKE/YEAR OF AUTO \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_  
PETS? IF YES, KIND \_\_\_\_\_ WHERE DID YOU HEAR ABOUT US? \_\_\_\_\_

**ADDRESSES (PRESENT AND 2 PREVIOUS)**

1) PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
FROM \_\_\_\_\_ TO PRESENT RENT \$ \_\_\_\_\_ UTILITES INCLUDED? \_\_\_\_\_  
OWNER/CARETAKER NAME & PHONE NUMBER \_\_\_\_\_  
2) PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ RENTS \$ \_\_\_\_\_ UTILITES INCLUDED? \_\_\_\_\_  
OWNER/CARETAKER NAME & PHONE NUMBER \_\_\_\_\_  
3) PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT \$ \_\_\_\_\_ UTILITES INCLUDED? \_\_\_\_\_  
OWNER/CARETAKER NAME & PHONE NUMBER \_\_\_\_\_

**EMPLOYERS (PRESENT AND 2 PREVIOUS)**

PRESENT EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO PRESENT  
EMPLOYER ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ DIRECT #? YES/NO  
POSITION \_\_\_\_\_ SUPERVISOR NAME/NUMBER \_\_\_\_\_  
SALARY/MONTH \_\_\_\_\_ GROSS/NET LIST ANY ADDITIONAL INCOME \_\_\_\_\_  
PREVIOUS EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
POSITION \_\_\_\_\_ SALARY/MONTH \_\_\_\_\_ SUPERVISOR NAME/NUMBER \_\_\_\_\_  
PREVIOUS EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
POSITION \_\_\_\_\_ SALARY/MONTH \_\_\_\_\_ SUPERVISOR NAME/NUMBER \_\_\_\_\_

**REFERENCES**

CHECKING ACCOUNT NUMBER \_\_\_\_\_ BANK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SAVINGS ACCOUNT NUMBER \_\_\_\_\_ BANK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
AUTO FINANCED? Y/ N NAME & ADDRESS OF LENDER \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_  
PARENTS' NAME (OR EMERGENCY CONTACT) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
HOME NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_  
ADDITIONAL EMERGENCY CONTACT \_\_\_\_\_ ADDRESS \_\_\_\_\_  
HOME NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

**WILL ANYONE BESIDES YOU BE LIVING IN THE APARTMENT?**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ AGE \_\_\_\_\_  
NAME \_\_\_\_\_ RELATION \_\_\_\_\_ AGE \_\_\_\_\_  
NAME \_\_\_\_\_ RELATION \_\_\_\_\_ AGE \_\_\_\_\_

**I understand that an investigative credit and references report will be done based on the above information.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: App Fee Paid Y / N cash / money order / check # \_\_\_\_\_ Initials/Date/Time faxed: \_\_\_\_\_