RHR Information Services, Inc. 10505 Wayzata Bophevard, Suffe 200 Minnetonka, MN 55305 APPLICATION FOR RENTAL OCCUPANCY PHONE (952) 545-3953 FAX (952) 545-3973 RHR ID: APPLICANT DATE: DEPOSIT DATE: TODAY'S DATE: TOTAL \$: MONTHLY RENTAL \$ Lease Dates: From AGENT: __ To: ___ -Middle ----- First Name ---- Last Name --Birth Date — Drivers License — _State- Social Security # — -City, State & Zip ——From / To —Management-Addresses -Current Previous Previous Income Contact /Phone # Employer / City, State -From / To -Current Previous -Additional Information -Bank Reference -Applicant's Phone #-Names of Institution Residence Occupants Account # Work Pets: Phone Number-- Address -Name-Party to Notify In Emergency Nearest Friend Parent of App. - Have You Ever -Refused to Pay Rent When Due: Yes / No Filed for Bankruptcy: Yes / No Been Evicted: Yes / No Been Convicted of a Felony: Yes / No If Yes, Explain: _ -How Did You Learn About Our Community?-Newspaper _____ Driving By _____ Referral Service. __ Current Resident -Signed Release

AUTHORIZE RHR INFORMATION SERVICES, INC. (RHR) TO DO A COMPLETE INVESTIGATION OF ALL INFORMATION PROVIDED ABOVE. I HAVE PERSONALLY FILLED IN AND/OR REVIEWED ALL INFORMATION LISTED ABOVE. I UNDERSTAND FAILURE TO COMPLETE THIS FORM COMPLETELY AND TRUTTERFULLY MAY RESULT IN DEBIAL AND/OR FORFEIT OF DEPOSIT. A COMPLETE INVESTIGATION MAY INCLUDE ANY OR ALL OF THE FOLLOWING: CREDIT REPORT, VERIFICATION OF EMPLOYMENT AND INCOME, CRIMINAL RICCORD SEARCH, RENTAL HISTORY REFERENCES (INCLUDING MPHA) AND PERSONAL INTERVIEWS WITH ABOVE REFERENCES. LIVE UNDERSTAND THAT I'VE HAVE A RIGHT TO MAKE A WRITTEN REPORS. WITHIN 30 DAYS TO RECEIVE INFORMATION PERSONALION TO THIS REPORT IF LIVE ARE NOT ACCEPTED BASED ON REFORMATION CONTAINED IN THE REPORT. I AUTHORIZE RHR TO PROVIDE TO THE CREDIT GRANTOR FEDERAL AND SLATE RECORDS OF EMPLOYMENT AND DISCOME HISTORY, INCLUDING STATE EMPLOYMENT SECRETLY ACERCY RECORDS. THIS AUTHORIZATION IS FOR THIS TRANSACTION ONLY AND CONTINUES FOR (1) YEAR UNLESS LIMITED BY STATE LAW, IN WHICH CASE THE AUTHORIZATION IS FOR THIS TRANSACTION ONLY AND CONTINUES FOR (1) YEAR, ALLOWED BY LAW. MY SIGNATURE BELOW AUTHORIZES ALL ABOVE LISTED COMPANIES TO RELEASE REPORT. BY PROPERTY INFORMATION, DO BUSTORY INFORMATION AND CRIMINES, RECORD INFORMATION.

App. State Identification

/ /
BIRTH DATE

VERBERD BY CORPLEX

PHOTO

DRIVER'S LICENSE NUMER

FIRST NAME

MIDDLE NAME

LAST NAME

APPLICANT SIGNATURE

DATE