

**APPLICATION FOR OCCUPANCY
(Market Properties/Apartments Only)**

333 N. Phillips Ave
Sioux Falls, SD 57104

Office: [605-339-2978](tel:605-339-2978) / Fax: [605-336-1680](tel:605-336-1680)

Property Name	Unit #	Bedroom Size
Rent Amount \$	Deposit Amount \$	
Is This Property Pet Friendly? (Circle One)	YES NO	Date Needed

****All portions must be completed, if it does not apply write N/A. Please print clearly.
Failure to complete or print clearly may result in rejection of this application.****

*1st Applicants **Personal** Data*

Applicant full name: _____
 (Last) (First) (Middle Initial)
 Phone Number: (____) _____ - _____ E-Mail _____
 Social Security Number: _____ - _____ - _____ Date of Birth: _____ Sex: M or F
 Marital Status:(circle one) S. M. Sep. D. W. Valid ID#: _____ State: _____

*1st Applicants **Present** Address*

_____ _____ _____ _____
 (Address) (City) (State) (Zip Code)
 Length of residency: _____ Amount of Rent: \$ _____ Landlord Name: _____
 Landlord Phone Number: _____ Reason for moving: _____
 Did you receive your deposit back? _____ If no, please explain: _____

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*1st Applicants **Previous** Address*

_____ _____ _____ _____
 (Address) (City) (State) (Zip Code)
 Length of residency: _____ Amount of Rent: \$ _____ Landlord Name: _____
 Landlord Phone Number: _____ Reason for moving: _____
 Did you receive your deposit back? _____ If no, please explain: _____

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2nd Applicants **Personal Data**

Applicant full name: _____
(Last) (First) (Middle Initial)
Phone Number: _() - E-Mail _____
Social Security Number: - - Date of Birth: Sex: M or F
Marital Status: Valid ID#: State: _____

2nd Applicants **Present Address**

(Address) (City) (State) (Zip Code)
Length of residency: Amount of Rent: \$ Landlord Name: _____
Landlord Phone Number: Reason for moving: _____
Did you receive your deposit back? If no, please explain: _____

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2nd Applicants **Previous Address**

(Address) (City) (State) (Zip Code)
Length of residency: Amount of Rent: \$ Landlord Name: _____
Landlord Phone Number: Reason for moving: _____
Did you receive your deposit back? If no, please explain: _____

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Have you, or any member of your household **been convicted of any felony or criminal activity?** _____
Have you, or any member of your household **been convicted of drug use, distribution or trafficking?** _____
Have you, or any member of your household **been involved in the past in any gang related activity?** _____
Have you, or any member of your household **been evicted or asked to leave any residence?** _____
If you have answered yes, to **any** of the above, please explain:

Do you, or any member of your household **smoke?** _____
Do you, or any member of your household **smoke within the apartment?** _____

****If you answered yes to the above question, there will be an additional deposit required prior to move-in****

Employment/Monthly Expenses

1ST Applicant

2nd Applicant

Employer: _____

Employer: _____

Supervisor: _____

Supervisor: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Position: _____

Position: _____

How Long?: _____

How Long?: _____

Total household income per month (gross): \$_____

Other monthly payments:

Auto: _____

Amount: _\$ _____

Medical: _____

Amount: _\$ _____

Insurance: _____

Amount: _\$ _____

Credit Cards: _____

Amount: _\$ _____

Other Loans: _____

Amount: _\$ _____

Other residents under 18 who will be living with you:

	Full Name	Relationship	Social Security #	Date of Birth
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Do you have Pets? ____ If so, what kind: _____ (All pets are required to have proof of updated immunization records)

Autos

Model: _____ Year: _____ Plate #: _____ State: _____

Model: _____ Year: _____ Plate #: _____ State: _____

How did you hear about us? (Please Check One) Website ____ Drive By ____ Renters Guide ____

Current Resident/if so who _____ Other (please describe) _____

Emergency Contact

In case of an emergency, please notify: _____

Relationship: _____ Phone Number: _____

Choice of Language

Please indicate your choice of Language: _____

*****Application Fee:** Each applicant 18 years of age or older, must submit a non-refundable \$40.00 application fee. **This fee must be in cash, check or money order only.*****

*****Deposits:** When a deposit is given at the time of this application to hold a property, the applicant has a total of 3 (three) business days to cancel. After three business days, the deposit will be nonrefundable. The maximum time to hold a property, with a full deposit, is thirty (30) days.

This fee must be in Check or money order only.***

I hereby make application for residence and certify that the above information is correct. I authorize you to contact any reference I have listed. I am aware that my credit will be checked through a credit bureau and any landlord references I have listed will be contacted.

_____ Date: _____

Applicant 1 (printed) Applicant (signed)

_____ Date: _____

Applicant 2 (printed) Applicant (signed)

_____ Date: _____

Applicant 3 (printed) Applicant (signed)

_____ Date: _____

Applicant 4 (printed) Applicant (signed)

Signature of Authorized Representative

Date