

KENNEDY PARK *Townhomes*

PRELIMINARY RENTAL APPLICATION

Wahpeton Kennedy Park Townhomes
1872 17th Avenue North
Wahpeton, ND 58075
KennedyPark@NLRManagement.com
Phone: (701) 690-6284
Fax: (701) 591-0190

Thank you for your interest in choosing Wahpeton Kennedy Park Townhomes as your new home. We look forward to having you in our community. Please read the following instructions carefully. It is important that you provide an answer for every question. If the question does not apply to you, then please notate with “n/a.” Attached you will find the following application forms:

- Preliminary Rental Application (complete one for the entire household)

Also, please enclose the following items that can help speed up the application process.

- **Copy of a Birth Certificate for all members under 18 years of age**
- **Copy of photo identification for all members over 18 years of age**

NOTE: Please print, sign (**your application must contain an original signature**) and return the completed forms, along with a cashier’s check or money order made payable to NLR Property Management in the amount of \$17.10 per person 18 years or older to cover the cost of the background check(s). Send the forms and fee payment via email, fax, or postal service to the contact information listed below. We only process the applications that are completely filled out and signed.

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This Institution is an equal opportunity provider.

June 2017



Please list ALL persons that will occupy the residence:

NAME	MAIDEN (if applicable)	MARRIED/ SINGLE/ DIVORCED	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #
1.				Self	
2.					
3.					
4.					
5.					
6.					

(CURRENT)

APPLICANT'S EMPLOYMENT			
APPLICANT		CO-APPLICANT	
Employer:		Employer:	
Street Address:		Street Address:	
City, State Zip:		City, State Zip:	
Phone:		Phone:	
Length of Employment:		Length of Employment:	
Position Held:		Position Held:	
Salary Wage:	Per:	Salary Wage:	Per:
Supervisor:		Supervisor:	
Status:	Full Time:	Status:	Full Time:
	Part Time:		Part Time:
Average Hours Worked per Week:		Average Hours Worked per Week:	

(CURRENT)

APPLICANT'S EMPLOYMENT			
APPLICANT		CO-APPLICANT	
Employer:		Employer:	
Street Address:		Street Address:	
City, State Zip:		City, State Zip:	
Phone:		Phone:	
Length of Employment:		Length of Employment:	
Position Held:		Position Held:	
Salary Wage:	Per:	Salary Wage:	Per:
Supervisor:		Supervisor:	
Status:	Full Time:	Status:	Full Time:
	Part Time:		Part Time:
Average Hours Worked per Week:		Average Hours Worked per Week:	

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate):

Source: _____ Amount \$: _____
 Source: _____ Amount \$: _____
 Source: _____ Amount \$: _____

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? Yes or No

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? Yes or No

If "yes", please explain: _____

Have you ever been convicted of a crime, felony or misdemeanor? Yes or No

If "yes", please explain: _____

Date

Date

Applicant – Head of Household

Co-Applicant – Spouse / Co-Head



Provide asset information below:

NAME OF BANK(S), STOCKS(S) OR BOND(S)	BANKING INFORMATION (include address, city, state, zip, phone, & fax)	ACCOUNT NUMBER	APPLICANT/ CO-APPLICANT (CHECK ONE)	CURRENT BALANCE/ CURRENT VALUE
			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	
			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	
			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	

(Please attach additional information on a separate sheet)

Do you receive dividend income? No Yes If yes, provide details _____

Do you own real estate? No Yes

Have you disposed of any assets in the last two (2) years for less than fair market value? _____
 If 'yes', please explain: _____

Do you own a car? Yes or No Year/Model/Color: _____ License #: _____

Do you own a 2nd car? Yes or No Year/Model/Color: _____ License #: _____

Are you a full time student? Yes or No

Are any members of your household full-time students? Yes or No

Do you have any pets? Yes or No If yes, type(s): _____ weight(s): _____

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes or No

If 'yes', please explain: _____

PERSONAL REFERENCES List 3 relatives we can call for a personal reference			
NAME	STREET ADDRESS/CITY/ZIP	RELATIONSHIP	PHONE NUMBER
1.			
2.			
3.			

 Applicant – Head of Household Date

 Co-Applicant – Spouse / Co-Head Date



Applicant's certification that the unit applied for will be the applicant household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

Applicant's Initials Co-Applicant's Initials

GENDER DESIGNATION: (Applicant) I do not wish to furnish this information
 Male Female

GENDER DESIGNATION: (Co-Applicant) I do not wish to furnish this information
 Male Female

AUTHORIZATION FOR CREDIT & CRIMINAL HISTORY CHECK

I/we expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my/our qualifications for employment positions applied for and the information given by me/us herein. In consideration for being considered for housing, I/we release NLR Property Management, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my/our employment based on such information. I/we also do not require a copy of any disclosure of the nature and scope of the investigation. I/we understand that any offer of apartment rental from NLR Property Management, LLC is based upon my/our successful completion of the background screening. I/we also understand that I/we have the right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant. Additional information will be required at a later date to complete the processing for residency.

Applicant – Head of Household Date

Co-Applicant – Spouse / Co-Head Date

