



TwinCitiesRent2Own.com
Office: (612) 216-6259 | Fax: (800) 621-4826
RENT TO OWN APPLICATION

Address you are applying for: _____

Twin Cities Rent 2 Own Specialist you are working with: _____

Date of desired occupancy: _____

How much of a down payment do you have?: _____

What monthly payment budget do you have?: _____

Applicant #1

Name: _____

E-mail: _____

Primary Phone: _____ Work Phone: _____

Social Security Number: _____ Driver's License State/# _____

Date of Birth: _____ Criminal Record: Yes ___ No ___

Employer: _____ Position: _____ How Long: _____

Address: _____ Phone: _____

Total Gross Monthly Income: \$ _____

Additional Income Source: _____ Amount Monthly: \$ _____

Additional Income Source: _____ Amount Monthly: \$ _____

APPLICANT #2

Name: _____

E-mail: _____

Primary Phone: _____ Work Phone: _____

Social Security Number: _____ Driver's License State/# _____

Date of Birth: _____ Criminal Record: Yes ___ No ___

Employer: _____ Position: _____ How Long: _____

Address: _____ Phone: _____

Total Gross Monthly Income: \$ _____

Additional Income Source: _____ Amount Monthly: \$ _____

Additional Income Source: _____ Amount Monthly: \$ _____

OTHER PEOPLE TO BE LIVING IN THE HOME

Name: _____ Relationship: _____ SSN: _____ DOB: _____

Name: _____ Relationship: _____ SSN: _____ DOB: _____

Name: _____ Relationship: _____ SSN: _____ DOB: _____

Name: _____ Relationship: _____ SSN: _____ DOB: _____

Pets / What Kind / Number: _____

RESIDENCE HISTORY

Present Address: _____

City: _____ State: _____ Zip Code: _____

How Long? _____ If Renting Apartment Name: _____

Monthly Payment: \$ _____

Landlord Name: _____ Phone: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

How Long? _____ If Renting Apartment Name: _____

Monthly Payment: \$ _____

Landlord Name: _____ Phone: _____

CHARACTER REFERENCES

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of this application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on the application.

Applicant #1 Signature

Date

Applicant #2 Signature

Date

DOCUMENTS NEEDED FOR VERIFICATION

For more efficient processing fax the documents below to 800.621.4826 along with the application:

- Complete Application
- Driver License – All Applicants
- Most Recent 2 Paystubs (All applicants)
- Last 2 Month Bank Statements (To support Option Fee Down PMT)
- 1040's / 1099 / W2's