



**TwinCitiesRent2Own.com**  
Office: (763) 300-2702 | Fax: (763) 591-6022  
**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