

Liberty Heights Complex
1500 3rd Ave. NW - PO Box 517
Mandan, North Dakota 58554
701-663-7494 Fax# 701-663-7495
APPLICATION FOR RENTAL

APPLICANT NAME: _____ **SOCIAL SECURITY #** _____
CURRENT ADDRESS: _____
CITY, STATE, ZIP CODE: _____
PHONE # FOR CONTACT: _____

Liberty Heights is a 55 + community, do you meet this criteria _____ yes _____ no
Liberty Heights does not allow pets, do you own a pet or medical animal ____ yes _____ no
Liberty Heights is smoke –free, do you currently smoke _____ yes _____ no

How did you hear about us? __ Friend __ TV ad __ Relative __ Current Tenant __ Other

HOUSEHOLD COMPOSITION:

NAME OF MEMBER	RELATIONSHIP TO HEAD	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____

CURRENT EMPLOYER _____ **ANNUAL INCOME** _____
PHONE # _____ **ADDRESS** _____

CREDIT REFERENCES:

_____ (Name)	_____ (Address)
_____ (Name)	_____ (Address)
_____ (Name)	_____ (Address)

PREVIOUS RENTAL HISTORY:

Landlord	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We understand that the above information is being collected to determine My/Our suitability to be able to rent the unit applying for. I/We authorized the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit information and it authorizes the owner to do a police background check. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

Signature of Head **Date**

Signature of Spouse/Co-head **Date**