

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, please provide your date of birth _____
Liberty Heights does not allow pets, do you have an ESA or service animal ____yes ____no
Liberty Heights is smoke –free, do you currently smoke _____yes _____no

What kind of unit are you interested in? ____ 1 bedroom ____ 2 bedroom ____ Either

HOUSEHOLD COMPOSITION:

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

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** _____