



**Savannah Oaks**, 14351 Dysprosium Street NW, Ramsey, MN 55304  
 Phone: 763-576-0882, Fax: 763-433-8452  
 How did you hear of **Savannah Oaks**? \_\_\_\_\_

### APPLICANT INFORMATION

**IMPORTANT:** This application must be filled out completely by each individual seeking to go on the Waiting List per household. Management does not take an application fee or deposit at the time that an applicant goes on the Waiting List. Management takes the application fee and deposit at the time of applying for a specific apartment. A copy of this completed application and a copy of the application fee serves as a receipt of the non-refundable \$25.00 application fee. Please retain a copy and send your completed application to: **Savannah Oaks**, 14351 Dysprosium Street NW, Ramsey, MN 55304. Out of MN non-refundable application fee is \$35. Thank you~

<b>MANAGER MUST COMPLETE THIS ENTIRE SECTION</b>			
BUILDING ADDRESS: _____		APT.# _____	REFERRED BY _____
LEASE DATES: FROM _____ TO _____		MOVE IN DATE: _____	LEASING AGENT _____
MONTHLY RENT\$ _____	GARAGES\$ _____	DEPOSIT DATE: _____	DEPOSIT AMT.\$ _____
LAST NAME: _____	FIRST NAME: _____	MIDDLE NAME: _____	HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
SOCIAL SECURITY #: _____	DATE OF BIRTH: _____	DRIVERS LICENSE # AND STATE: _____	WHAT SIZE APARTMENT ARE YOU SEEKING? _____
PRESENT ADDRESS: _____		CITY: _____	STATE: _____ ZIP: _____
UNIT #: _____	FROM: _____ TO: _____	RENT \$: _____	LANDLORD OR COMPLEX NAME & PHONE: _____
PREVIOUS ADDRESS: _____		CITY: _____	STATE: _____ ZIP: _____
UNIT#: _____	FROM: _____ TO: _____	RENT \$: _____	LANDLORD OR COMPLEX NAME & PHONE: _____
APPLICANTS PRESENT EMPLOYER: _____		PHONE #: _____	POSITION: _____ DATES: _____
ADDRESS: _____		PART/FULL TIME: _____	SUPERVISOR: _____ SALARY (PLEASE PROVIDE DOCUMENTATION OF INCOME) _____
OTHER MONTHLY INCOME AND AMOUNT (PLEASE PROVIDE DOCUMENTATION OF INCOME) _____			
OTHER MONTHLY INCOME AND AMOUNT (PLEASE PROVIDE DOCUMENTATION OF INCOME) _____		APPLICANT EMAIL ADDRESS: _____	
VEHICLE INFORMATION: LICENSE # _____		YEAR: _____	MAKE & MODEL _____
Have you filed bankruptcy? YES / NO If yes, please explain: _____	Have you ever been evicted or asked to move? YES / NO Have you ever refused to pay rent? YES / NO	HAVE YOU BEEN CONVICTED OF A GROSS MISDEMEANOR OR FELONY? YES / NO	DO YOU HAVE A LEGAL RIGHT TO BE IN THE UNITED STATES? <input type="checkbox"/> Yes, I am a citizen. <input type="checkbox"/> Yes, I have valid documentation from the U.S. Dept. of Immigration and Naturalization (INS) that allows me to be in the country. <input type="checkbox"/> No

I authorize Great Lakes Management Co whose address is 5000 Glenwood Avenue, Golden Valley, MN 55422 to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I / We understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

