

Residential Application

Name _____
Date of birth _____ SSN _____ Drivers' License # _____
Phone # home _____ cell _____ work _____
Name _____
Date of birth _____ SSN _____ Drivers' License # _____
Phone # home _____ cell _____ work _____
Emergency contact: Name _____
Phone # _____

Others living with you:

Name _____ Phone # _____
Relationship _____
Name _____ Phone # _____
Relationship _____
Name _____ Phone # _____
Relationship _____

Three references not related to you whom you have known for one year or more:

Name _____
Address _____ Phone # _____
Name _____
Address _____ Phone # _____
Name _____
Address _____ Phone # _____

Current employer's name _____
Address _____ Phone # _____
How long employed _____ Net monthly pay _____

Current landlord's name _____
Address _____ Phone # _____
How long at this address _____

We appreciate your consideration of our property. All of our units are non-smoking and pets are not allowed in most. The information above will be verified, references will be called, and a background check will be conducted. A deposit consisting of one month's rent and an executed lease are required before move in.

Please enter the address of the unit you are interested in renting _____

Name _____ Date _____

Pamela Johnson, Property Manager
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