

RELEASE FORM

I _____ authorize Delta Services Inc., to obtain and investigate any and all information pertaining to, but not limited to, rental references, employment and salary disclosure, consumer credit report, State and County benefits, bank account verification, criminal history and eviction records for residency purposes at the address/property of **all rental sites for InMotion Property Management.**

I understand I have a right to make a written request within 30 days to received a free copy of the information obtained and provided to the above mentioned Landlord or Mgmt. company, if my application is denied based on information obtained in the investigation process. To request a free copy of your report please fax request into our office toll free at 1-877-712-7801 or you may sent it in by mail to 13033 Ridgedale Drive Suite 246 Minnetonka MN 55305. Please include your signature and your mailing address.

I further understand that all statements on all applications are true and correct. I understand if any statement is not true, the Management may choose to terminate the lease. I also understand and authorized Delta Services Inc., to obtain a consumer credit report as part of the screening process.

Applicants Signature: _____

Print Name: _____

Date: _____/_____/_____

InMotion Property Management

1000 Lyn Way - Hastings, MN 55033
 651.437.1290 - 651.437-8465 fax

RESIDENT SELECTION PLAN

1. Prospective Resident(s) must pay a nonrefundable application fee of \$40.00 per person, \$45 per person if have lived out of the state of Minnesota.
2. Prospective Resident(s) must notify leasing agent if have every lived out of the state of Minnesota before application is processed.
3. At least one member of the household must be the age of majority.
4. Prospective Resident(s) must have a good credit and rental history reference from two previous landlords (relatives and friends may not be considered as a reference) or mortgage company.
5. Prospective Resident(s) must have two years of good work history.
6. Prospective Resident's monthly income, minus State and Federal income taxes, must be at least two times proposed units monthly rent.
7. Prospective Resident(s) must have at least two good credit references from credit card companies, banks or savings and loans.
8. Prospective Resident(s) will not be accepted if they have filed bankruptcy or have unpaid civil judgements within the last three years.
9. Prospective Resident(s) will not be accepted if they have been evicted or have had an unlawful detainer in the last three years.
10. Prospective Resident(s) will not be accepted if they have criminal activity that may affect building or resident security or safety.
11. Per Minnesota State Law, upon our acceptance of your application, you have 3 days to cancel your application(s).

*****ROOMMATES MUST QUALIFY INDIVIDUALLY*****

The undersigned prospective resident(s) has received a copy of and understand the terms and conditions of this Resident Selection Plan.

Applicant	Date	Manager	Date
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Applicant	Date
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Cc. file
 Cc. Main Office

Property Name: Agent Phone: Payment Reference:			InMotion Property Management 1000 LYN WAY HASTINGS MN. 55033 Ph: 651-437-1290 Fax: 651-437-8465		
Market Rent	Unit	Date from	App. Fee Charged	Deposit Charged	Agent Name
RESIDENTIAL HISTORY					
Applicants Name (Last)		First	Middle	Date of Birth	
Drivers License #		Social Security #	Phone #		
Spouse (if Applicable)		First	Middle	Date of Birth	
Drivers License #		Social Security #	Phone #		
Present Address			City	State	Zip
Unit #	From	To	Rent \$	Landlord	Phone #
Previous Address			City	State	Zip
Unit #	From	To	Rent \$	Landlord	Phone #
EMPLOYMENT HISTORY					
Present Employer		Phone #	Position	Since	Salary
Address			Part or Full Time	Supervisor	
Previous Employer		Phone	Position	From	To
Address			Part or Full Time	Supervisor	
Spouse Present Employer		Phone	Position	Since	Salary
Address			Part or Full Time	Supervisor	
Previous Employer		Phone	Position	From	To
Address			Part or Full Time	Supervisor	

Cc. file
Cc. Main Office
Cc. Delta Services

FINANCIAL HISTORY

Bank Name	Phone	Acct. #	Type of Account
Address	City	State	Zip
Have you ever: Filed for Bankruptcy?	Been Evicted?	Refused to pay rent?	Explain
Other Income	Phone	Amt./Mo.	Contact

EMERGENCY CONTACTS

Name of Nearest Relative	Address	Phone
Name of Friend	Address	Phone
<p>Applicant certifies that the statements contained in this application are true, accurate and complete to the best of his/her knowledge. Applicant hereby authorizes whatever credit investigation; release and exchange of information Owner or Owner's agent may consider appropriate. An application Processing Fee may be requested in order to process local/out of state references. The Application Processing Fee is non-refundable should this application be accepted or not. Applicant hereby agrees and understands that: a) IF for any reason Applicant is unable to complete the else applied for, any deposit paid by applicant will be forfeited as follows: Management leasing expense; rent loss of the unit applied for; and re-advertising expense.</p>		
Applicants Signature	Agents Signature	
Spouse's Signature	Date	

Email Address: _____

Email Address: _____