



**COUNTRY ESTATES
SENIOR HOUSING
TENANT APPLICATION**
4002 24TH Avenue South
Grand Forks, North Dakota 58201
Phone 701-787-7563
Fax 701-787-7589

FOR OFFICE USE ONLY
File No. _____
Apt. No. _____
Rental Date: _____

PERSONAL INFORMATION

First Applicant Name: First: _____ Last: _____ MI: _____

Home Phone: _____ Cell: _____ Date of Birth: _____

Gender: Female Male Drivers License Number State Issued: _____ Social Security Number: _____

Status: Married Single Widowed Separated Divorced

Second Applicant Name: First: _____ Last: _____ MI: _____

Home Phone: _____ Cell: _____ Date of Birth: _____

Gender: Female Male Drivers License Number State Issued: _____ Social Security Number: _____

Vehicle #1: Make: _____ Model: _____ Year: _____ State Plate #: _____
Vehicle #2 Make: _____ Model: _____ Year: _____ State Plate #: _____

Are you or other household member a registered sex offender? Yes No
If yes, explain: _____

Do you or other household members have a criminal history: Yes No
If yes, explain: _____

Residence History *Please provide at least 3 years of residency information*

Present Address: _____ City/State/Zip _____
Landlord & Phone: _____ Own or Rent _____ How Long? _____

Previous Address: _____ City/State/Zip _____
Landlord & Phone: _____ Own or Rent _____ How Long? _____

Previous Address: _____ City/State/Zip _____
Landlord & Phone: _____ Own or Rent _____ How Long? _____

Have you ever rented from Valley Senior Living before? If yes, give building name and/or address:

Billing Address

Name	Relationship	Address	Phone #
			C: H: W:

Emergency Notification

Name	Relationship	Address	Phone #
			C: H: W:

Name	Relationship	Address	Phone #
			C: H: W:

Name	Relationship	Address	Phone #
			C: H: W:

The undersigned represent(s) that all of the above statements are true and complete and hereby authorize Valley Senior Living, its employees and agents to contact and obtain information from any individuals or entities that may have information regarding past residential arrangements of the undersigned. The undersigned hereby indemnify and hold harmless Valley Senior Living, its employees and agents and all other individuals or entities contacted by Valley Senior Living from all causes of action, expenses, losses or damages of any kind arising from or related to any information obtained regarding the undersigned. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act. This application is preliminary only and does not obligate Valley Senior Living to deliver possession or keys to the premises. No contract will be established between the parties until a lease agreement has been signed by all parties. Valley Senior Living reserves the right to refuse rental to persons with a criminal history.

Applicant
Signature: _____

Date: _____

Applicant
Signature: _____

Date: _____