



**COUNTRY ESTATES  
SENIOR HOUSING  
TENANT APPLICATION**  
4002 24<sup>th</sup> 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: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender (☐ Female ☐ Male) Driver's License Number State Issued Social Security Number: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Separated ☐ Divorced

**Second Applicant Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

Home Phone / Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender (☐ Female ☐ Male) Driver's 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 members 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? ☐ Yes ☐ No

If yes, provide building name and/or address: \_\_\_\_\_

**Billing Address**

Name	Relationship	Address	Email	Phone #
				C: H: W:

**Emergency Notification***Please list contacts in the order of whom you prefer we contact first*

Name	Relationship	Address	Email	Phone #
				C: H: W:

Name	Relationship	Address	Email	Phone #
				C: H: W:

Name	Relationship	Address	Email	Phone #
				C: H: W:

**Acknowledgement and Authorization**

The undersigned represent 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, 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.

First Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

First Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_