

SAMUELSON DEVELOPMENT, LLC

5007 W. Equestrian Place
Sioux Falls, South Dakota 57106
P (605) 274-3777 F (605) 274-3778

Rental Application

Tenant Personal Information

Date: _____ Interviewed by: _____

Name of Applicant _____ Telephone (Home) (____) ____ - _____ Work (____) ____ - _____

Email Address: _____ Is this an adequate form of communication? Yes / No

Social Security # _____ - _____ - _____ DOB: ____ / ____ / 19____ Driver License Info: State _____ License # _____

Are you a Citizen of the U. S.? Yes / No If no, a Non-U.S. Citizen Addendum to Rental Application is required.

Present Address _____ City _____ State _____ ZIP _____

Prior Address _____ City _____ State _____ ZIP _____

How long at present address? _____ How long at prior address? _____

Name of present landlord _____ Telephone (____) ____ - _____ Fax (____) ____ - _____

Name of prior landlord _____ Telephone (____) ____ - _____ Fax (____) ____ - _____

Have you ever been arrested or convicted of a crime? Yes ___ No ___ If yes, please explain: _____

Employer _____ Position _____ Since _____

Employment Supervisor _____ Telephone (____) ____ - _____ Fax (____) ____ - _____

Previous Employer _____ From _____ to _____

Other than the co-tenant who will be living with you?

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Other Information

Have you been served an eviction notice, or been asked to vacate a property you were renting? Yes No
Have you willfully or intentionally refused to pay rent when due? Yes No
Do you or any other member of your household currently use any illegal drug or other illegal controlled substance? Yes No
Have you or any other member of your household ever engaged in drug related criminal activity, such as, possession, distribution, trafficking, or the manufacturing of an illegal drug? Yes No
Have you or any other member of your household been involved in any criminal activity that poses a threat to health, safety, or welfare of others? Yes No
(If yes is answered on any of the above questions, please explain the circumstances, outcome and present status)

Rental Unit Applied For: _____ Rent/Mo. \$ _____ Start date _____

I the undersigned applicant declare that the information contained in this application is true and correct. I authorize you to conduct an employment, landlord, and credit check to determine my desirability as a tenant. I understand that attached to this Application to Lease is an Application Processing Fee in the amount of \$35.00. I understand that this fee is non-refundable once I deliver the application to Landlord or Landlord's agent for processing. It is understood that if the apartment is not taken on the date agreed upon, the landlord will retain all or a portion of the security deposit, herewith received, and will apply the same toward lost rent incurred as a result of the apartment being taken off of the rental market.

We Require All Residents To Provide Proof Of Renter's Insurance Prior To The Release Of Keys.

Applicant

Date

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