



John Wimmer Home Rental Application

OFFICE OF THE CLERK
107 2nd Street SW
P.O. Box 307
Twin Valley, MN 56584-0307
Office 218.584.5254
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www.TwinValley.govoffice.com

APPLICATION DATE	DATE RECEIVED
TENANCY <input type="checkbox"/> SINGLE <input type="checkbox"/> JOINT	
DATE UNIT DESIRED	

NOTE: The maximum occupancy is two (2) per Wimmer home. All tenants must be listed on lease agreement. Income for all occupants who plan to reside in the home must be presented to determine eligibility. The Twin Valley Wimmer Homes are not subsidized by any other agency, but the City of Twin Valley uses HUD income as a guide for eligibility. Renters must contract on their own for health care, housekeeping services or rental assistance. Please attach written verification of income to application.

See full policy for all rules and regulations.

FIRST TENANT PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
DATE OF BIRTH	DRIVER'S LICENSE NO.	EMAIL ADDRESS	PHONE NUMBER
CURRENT ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DECLINE TO ANSWER			
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER			

FINANCIAL/INCOME INFORMATION		
MONTHLY INCOME	PERSONAL FUNDS	
PENSION	OTHER ASSISTANCE	
SOCIAL SECURITY	CASH ON HAND	
SAVINGS	STOCKS/BONDS	
PERSONAL PROPERTY VALUE		
RENTAL/LEASED PROPERTY VALUE		
DEBTS (medical expenses, monthly payments—insurance, vehicle, house, etc.)		
MEDICAL	INSURANCE	AUTO
OTHER	OTHER	OTHER
List all Assets, Liabilities, Real Estate/Land description and value, that would affect your income for eligibility:		

SECOND TENANT *(if applicable)***PERSONAL INFORMATION**

LAST NAME		FIRST NAME	MIDDLE NAME	
DATE OF BIRTH	DRIVER'S LICENSE NO.		EMAIL ADDRESS	PHONE NUMBER
CURRENT ADDRESS		CITY	STATE	ZIP
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DECLINE TO ANSWER				
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER				

FINANCIAL/INCOME INFORMATION

MONTHLY INCOME	PERSONAL FUNDS		
PENSION	OTHER ASSISTANCE		
SOCIAL SECURITY	CASH ON HAND		
SAVINGS	STOCKS/BONDS		
PERSONAL PROPERTY VALUE			
RENTAL/LEASED PROPERTY VALUE			
DEBTS (medical expenses, monthly payments—insurance, vehicle, house, etc.)			
MEDICAL	INSURANCE	AUTO	
OTHER	OTHER	OTHER	
List all Assets, Liabilities, Real Estate/Land description and value, that would affect your income for eligibility:			

EMERGENCY/PERSONAL REFERENCE INFORMATION

IN CASE OF EMERGENCY, NOTIFY	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
PERSONAL REFERENCES	ADDRESS	PHONE	YEARS KNOWN
1.			
2.			
3.			

VEHICLE INFORMATION *(Please state the exact number of motor vehicles that will be at the premises.)*

VEHICLE MAKE	MODEL	YEAR	LICENSE NO.

APPLICANT AUTHORIZATION

I, _____, am an applicant for tenancy at the City of Twin Valley John Wimmer Homes.

I represent that all the above statements are true and correct and hereby authorize the landlord/agent to verify the above items included, but not limited to obtaining of a credit report and agrees to furnish additional credit references upon request.

I hereby authorize the Twin Valley Police Department and/or their designee to procure all information, oral and written that may be required in connection with my rental application. I fully understand that the information required may include, but not be limited to, data reflected on or related to my education, employment, military, financial, arrest/conviction records, and any video and audio recordings concerning me. I further authorize the City and/or their designee to conduct a background investigation into my personal history.

I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the City of Twin Valley and/or their designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or State statutory provisions to the extent I am authorized to do so.

The original or copy of this authorization reflecting my signature is valid for a period of one year from the date below. I reserve the right to cancel this authorization prior to expiration by providing written notice to the City of Twin Valley, where I have applied.

X

Signature of Applicant

Date

X

Signature of Applicant (2)

Date

ATTACHMENTS

Written Documentation / Proof of Income

- Bank Statement
- Income Stub (Social Security, etc.)
- Pension Statement
- Other