

RENTAL APPLICATION

JTZ Properties LLC • 3352 Canal Circle • Mitchell, SD 57301 Justin 605. 990.4444 • justin@thiesse.net

Applic	ant Name:					
Addre	ess:					
Please	e list applicant(s): Cell Phone:					
	I names, relationship and age of who will or pants of the apartment shall be allowed to r	ecupy apartment. Only those individuals listed as eside in the apartment.				
A.	EMPLOYMENT HISTORY for tenants inter	nding to sign lease: (Please list all current employers)			
	Employer:	Position:				
		Salary:				
	Employer:	Position:				
	Length of Time:	Salary:				
В.	Rental and Residential History: (Please list 3 most recent residences)					
	Current Address:	Manager/Owner:				
		Manager) Owner.				
	Prior Address:					
	Reason for Leaving?	Manager/Owner:				
	Prior Address:					
	Reason for Leaving?	Manager/Owner:				
	Manager/Owner's Phone and address:					

C. Credit History

	Have you ever had any paid or unpaid judgments If yes, please explain:						
	2. Have you filed bankruptcy?	YE:		NO			
D.	Criminal Record						
	Have you ever been convicted of a crime? If yes, what was the crime? We the private false are risk as a residue as	YE:		NO			
	Was the crime a felony or misdemeanor?						
	In what county and state was the conviction?						
	Have you ever been evicted from another rental pr		S	NO			
	Are you a register sex offender?	YES		NO			
Ε.	Accommodations: Owners do not permit pets or smoking in any of the	e apartments.					
F.	References: Please provide names and phone numbers of three individuals who can give references regarding your financial responsibility: example- (Parent, Boss, Banker) Someone other than family.						
	Name:	Phone:					
	Name:						
	Name:						
	Owner states that financial responsibility and care of owner's property are important criteria for determining who will be accepted as tenant. We understand and agree that by filling out and signing this application we give JTZ Properties LLC the right to check all past references, stated or acquired, including credit references, and we give permission for the contents of these reports to be provided to owners.						
	Applicants Signature	 Applicant Signatu	re 2 nd pers	son			
	Social Security #:	Social Security #:_					
	Date of Birth:	Date of Birth:					
	Nearest Relative:	Nearest Relative:					
	Relative's Phone:	Relative's Phone:					
	Make and Model of vehicle(s):						