



1400 West 21st Avenue, Mitchell, SD 57301 • dbreske98@gmail.com • 605.310.6666

Applicant Name: _____

Address: _____

Please list applicant(s): Cell Phone: _____

List all names, relationship and age of who will occupy apartment. Only those individuals listed as Occupants of the apartment shall be allowed to reside in the apartment.

A. EMPLOYMENT HISTORY for tenants intending to sign lease: (Please list all current employers)

Employer: _____ Position: _____
Length of Time: _____ Salary: _____

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Length of Time: _____ Salary: _____

B. Rental and Residential History: (Please list 3 most recent residences)

Current Address: _____
Reason for Leaving? _____ Manager/Owner: _____
Manager/Owner's Phone and address: _____

Prior Address: _____
Reason for Leaving? _____ Manager/Owner: _____
Manager/Owner's Phone and address: _____

Prior Address: _____
Reason for Leaving? _____ Manager/Owner: _____
Manager/Owner's Phone and address: _____

C. Credit History

1. Have you ever had any paid or unpaid judgments? _____ YES _____ NO

If yes, please explain: _____

2. Have you filed bankruptcy? _____ YES _____ NO

D. Criminal Record

1. Have you ever been convicted of a crime? _____ YES _____ NO

If yes, what was the crime? _____

Was the crime a felony or misdemeanor? _____

When was the conviction? _____

In what county and state was the conviction? _____

Have you ever been evicted from another rental property? _____ YES _____ NO

Are you a register sex offender? _____ YES _____ NO

E. Accommodations:

Owners do not permit pets or smoking in any of the 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: _____ Phone: _____

Name: _____ Phone: _____

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 Signature 2nd person

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): _____
