

**Staiger Rentals**  
**1500 3<sup>rd</sup> Ave. NW - PO Box 517**  
**Mandan, North Dakota 58554**  
**701-663-7494 Fax # 701-663-7495**  
**APPLICATION FOR RENTAL**

**APPLICANT NAME:** \_\_\_\_\_ **SOCIAL SECURITY** \_\_\_\_\_  
**CURRENT ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP CODE:** \_\_\_\_\_  
**PHONE # FOR CONTACT:** \_\_\_\_\_

Staiger Rentals does not allow pets, do you own a pet \_\_\_\_\_ yes \_\_\_\_\_ no  
 Staiger Rentals is smoke -free, do you currently smoke \_\_\_\_\_ yes \_\_\_\_\_ no

**HOUSEHOLD COMPOSITION:**

NAME OF MEMBER	RELATIONSHIP TO HEAD	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____

**CURRENT EMPLOYER** \_\_\_\_\_ **ANNUAL INCOME** \_\_\_\_\_  
**PHONE #** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**CREDIT REFERENCES:**

_____	_____
(Name)	(Address)
_____	_____
(Name)	(Address)
_____	_____
(Name)	(Address)

**PREVIOUS RENTAL HISTORY:**

Landlord	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We understand that the above information is being collected to determine My/Our suitability to be able to rent the unit applying for. I/We authorized the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit information and it authorizes the owner to do a police background check. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

_____	_____
Signature of Head	Date
_____	_____
Signature of Spouse/Co-head	Date