

D&D Enterprises

of Winona, LLP



113 East Sarnia
Winona, MN 55987
(507) 429-6410

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).
Please fill out this form **COMPLETELY**, sign where indicated and return with security deposit.

Managed by D & D Enterprises and owned by:
___ D&D Enterprises ___ DDV Apartments

PERSONAL INFORMATION

First Name (no nicknames)	Middle	Last	S.S.# _ _ _
Date of Birth / /	Driver's License#	State	Email
Phone# _ _ _	___ Cell ___ Home	Phone# _ _ _	___ Home ___ Work
Present Home Address		City / State / Zip	
Length of Time at Address	Present Landlord	Landlord Phone	
Reason for Leaving	Amount of Rent	Is your present rent up to date? ___ YES ___ NO	
Previous Home Address		City / State / Zip	
Length of Time at Address	Previous Landlord	Landlord Phone	
Reason for Leaving	Amount of Rent	Was rent up to date when you left? ___ YES ___ NO	
Next Previous Home Address		City / State / Zip	
Length of Time at Address	Next Previous Landlord	Landlord Phone	
Reason for Leaving	Amount of Rent	Was rent up to date when you left? ___ YES ___ NO	

PROPOSED OCCUPANT(S)

Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age

PROPOSED PET(S) NO DOGS - ADDITIONAL DEPOSIT FOR CAT(S)

Name	Type/Breed	___ Indoor ___ Outdoor	Age
Name	Type/Breed	___ Indoor ___ Outdoor	Age

VEHICLE(S) INFORMATION

Year	Make	Model	Color	Plate#	State
Year	Make	Model	Color	Plate#	State

INCOME

Current Income	\$ _____	___ WEEKLY ___ BIWEEKLY ___ MONTHLY ___ YEARLY	Source
Current Income	\$ _____	___ WEEKLY ___ BIWEEKLY ___ MONTHLY ___ YEARLY	Source
Current Income	\$ _____	___ WEEKLY ___ BIWEEKLY ___ MONTHLY ___ YEARLY	Source

EMPLOYMENT

Current Employer	Occupation	Hours/Week
Supervisor	Phone#	Year Employed
Address	City / State / Zip	
Previous Employer	Occupation	Hours/Week
Previous Supervisor	Phone#	Year Employed
Address	City / State / Zip	

CREDIT CARD/FINANCIAL INFORMATION

Car Loan Lien Holder	Balance Owed	Monthly Payment	Creditor's Phone#
Credit Card Company	Balance Owed	Monthly Payment	Creditor's Phone#
Credit Card Company	Balance Owed	Monthly Payment	Creditor's Phone#
Credit Card Company	Balance Owed	Monthly Payment	Creditor's Phone#
Checking Account - Name of Bank	Address	City / State/ Zip	Bank Phone#
Savings Account - Name of Bank	Address	City / State/ Zip	Bank Phone#

EMERGENCY CONTACT INFORMATION

Emergency Contact	Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone	<input type="checkbox"/> Work <input type="checkbox"/> Home
Relationship	Address	City / State/ Zip		

APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or household occupant require special housing needs? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain in detail on a separate piece of paper and attach.	

All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

Applicant authorizes the landlord to contact past and present landlords, employers, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant.

Applicant authorizes landlord to perform a computerized credit, background and criminal check for purposes of evaluating validity of application.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A COPY OF THIS FORM.

Applicant understands this application is a legally binding agreement between the applicant(s) and landlord pending approval of applicant's application.

Further applicant understands that if agreement is breached, deposit is forfeited and will be retained by landlord. This application will be retained whether approved or not.

Applicants understand that security deposit is payable at the time this application form is submitted for consideration. If not approved deposit will be returned to applicant.

By providing the above information and signing below, I acknowledge that I have reviewed, understand and agree with all terms as stated on this application.

Applicant Signature

Date

Return application with check for security deposit to David Volkmann, 109 Main Street, Winona, MN 55987. Phone (507) 429-6410 or (507) 454-5373.

OFFICE USE Application Rec'd ___/___/___ Deposit Rec'd ___/___/___ \$ _____ Check# _____ Approved ___ Declined ___
Application for unit _____ Apt# _____ Rent \$ _____ Term _____ Start Date ___/___/___

**EXPLICIT CONSENT FOR DPPA, GLB AND FCRA-BASED
BACKGROUND SCREENING AND EVALUATION**

I hereby authorize and provide by explicit written consent to LITDIS GROUP OF WASHINGTON (ICI), its affiliates and/or agents (to include and not limited by TenaCheck) to obtain, collect and gather an Investigative Consumer Report or Credit Report, as defined by Title 15, Section 1603, Federal Fair Credit Reporting Act, for purposes of evaluating my application for services, to include tenant screening, identity verification, fraud prevention, and extension of credit.

I do hereby consent to permit the obtaining of said reports and retention thereof to purposes of said evaluation and analysis as indicated by my signature below. I hereby acknowledge that I have reviewed, understand, and agree with the explicit Permissible Purposes under the Graham-Leech-Bliley Act, Driver’s Privacy Protection Act, and the Federal Fair Credit Reporting Act, as circled by me below.

This explicit consent in writing is done for the purposes of doing an evaluation and analysis of various database searches and information contained within said databases by LITDIS (ICI)

Reports that may be obtained include, but are not limited to single or multiple source Consumer Credit Report(s), and State Driving Record also known as a MVR report, depending on a number of factors within my application. Data may also include internally or externally aggregated data, public, private, proprietary and restricted access information from multiple sources, the ultimate sources of which are both known and unknown to LITDIS (ICI) and its affiliates. I also give my explicit consent to provide a copy of my unredacted report to those persons or organizations that I consent to in writing and to no others.

LAST NAME **FIRST NAME** **MIDDLE NAME** **SUFFIX**

Social Security Number _____ - _____ - _____

Date of Birth _____ -- _____ -- _____

Driver’s License Number and State _____

Street Address (Street Number, Name of Street, and Direction)

City State Zip Code

X
Signature _____ Date (MM-DD-YYYY)