



Jefferson at Berry
950 Jefferson Commons Circle
St. Paul, MN 55114
(651) 644-8400
(651) 644-8401

APPLICANT INFORMATION

Full Legal Name: First Middle Last Suffix
Current Street Address:
City, ST Zip:
Phone Number:
If you have not lived at your current address for 12 months, indicate additional information. Prior address:
City, ST Zip:
Email Address:
Phone Number:

APPLICANT INFORMATION

Are you a U.S. Citizen: Yes No
Social Security Number:
Drivers License or State issued ID card
# State
Date of Birth (mm/dd/yyyy)
Gender Male Female
Physical Description
Height Weight
Eye color Hair color
Classification when lease term begins: Sophomore Junior Senior Graduate

NONREFUNDABLE PROCESSING FEES

In order to process your application and prepare your lease document, you agree to pay the following fees when you submit the application for review:
Application Fee: \$
Administrative Processing Fee: \$

AUTHORIZATION

I authorize Jefferson at Berry to verify the above information by all available means. Jefferson at Berry is not required to reverify or investigate preliminary findings. Our privacy policy is available upon request.

Applicant's signature: Date:

CANCELLATION POLICY

You may, in writing, cancel the lease until seventy-two (72) hours after the date of the Application (the "Lease Cancellation Date") unless you have taken possession of the Premises.
If you give us written notice of your cancellation on or before the Lease Cancellation Date, we will refund to you the security deposit but not the administrative processing fee or the application fee.
After the Lease Cancellation Date, we have the right to terminate the lease if, for any reasons, we later reject this Application or any guaranty.

Applicant's Initials Owner's Representative Initials

ACKNOWLEDGMENT

You declare that all your statements on this Application are true and complete. By signing this application, you represent that you have never: 1) been arrested for a felony, sex-related crime, or criminal violation involving the sale or manufacture of illegal drugs that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision or pretrial diversion; 2) been arrested for a felony, sex-related crime, or criminal violation involving the sale or manufacture of illegal drugs that has not been resolved by any method. You authorize us to verify this information through all available means, including credit reports, consumer reports and rental history reports, but we're not required to verify or investigate any preliminary findings.

In any lawsuit relating to this Application, the prevailing party is entitled to recover attorney's fees and all other costs of litigation from the losing party. We reserve the right to furnish information to consumer reporting agencies and other rental housing owners about the performance of our residents on their Lease obligations. This information may be reported at any time and include both favorable and unfavorable information regarding your compliance with the Lease, the rules, and your financial obligations.

Applicant's signature: Date:

**Applicant Name:** \_\_\_\_\_

**GUARANTOR INFORMATION**

Name: First Middle Last Suffix

\_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**WORK INFORMATION**

Present Employer

\_\_\_\_\_

Address: \_\_\_\_\_ City, ST Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Gross Monthly Income

\_\_\_\_\_

Other Additional Monthly Income

\_\_\_\_\_

**VEHICLE INFORMATION** *(List all vehicles to be parked by you including cars, trucks, motorcycles, etc.)*

Color, make and model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Color, make and model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: First Middle Last Home Phone

\_\_\_\_\_ Work Phone

Current Street Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_ Important medical information in case of emergency: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Local doctor name and phone number: \_\_\_\_\_

If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of the above person: we may allow the above person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas . If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We are not obligated to do so.

\_\_\_\_\_

**FOR OFFICE USE ONLY**

1. Apartment name or dwelling address (street, city): \_\_\_\_\_ Unit # or type: \_\_\_\_\_

2. Person accepting application: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

3. Person processing application: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

4. Date that applicant or co-applicant was notified by  telephone,  letter or  in person of  acceptance or  non-acceptance;

5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): \_\_\_\_\_

6. Name of owner's representative who notified above person(s): \_\_\_\_\_