

**Willardson Properties**

This institution is an equal opportunity provider.

**Phillip Willardson  
732 West Shore Drive  
Worthington MN 56187  
507-360-0599**

Dear Perspective tenant:

Thank you for your interest in our apartments. Please fill out the applications enclosed for each adult that will be living in the apartment.

We need you to fill out the applications as completely as possible. ~~The Criminal~~, civil and background check must be accompanied by a check or Money order for \$20.00 for each adult. (We do not accept cash)

Please send all applications to the address above in Worthington MN. Typical applications take 3 days (Excluding weekends) from the time we receive them. If we process/accept an application prior to yours we will simply return your application and fee.

Feel Free to call me with any questions at 360-0599.

Sincerely,



Phillip Willardson

# Willardson Properties 732 West Shore, Worthington, MN

Phone 360-0599 Fax 343-3024

The undersigned hereby makes application to rent Unit # \_\_\_\_\_ Located at \_\_\_\_\_  
\_\_\_\_\_ beginning on \_\_\_\_\_, at a monthly rental of \$ \_\_\_\_\_

## PLEASE TELL US ABOUT YOURSELF

FULL NAME \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ Relationship \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

All Other Occupants: Name/age \_\_\_\_\_ Name/age \_\_\_\_\_

Name/age \_\_\_\_\_ Name/age \_\_\_\_\_ Total Number of Occupants \_\_\_\_\_

Do You Own A Waterbed? \_\_\_\_\_ **No Pets Allowed**

## PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

PREVIOUS ADDRESS (If within 3 Years) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS:  Employed Full-Time  Employed Part-Time  Student  Retired  Not Employed

CURRENT EMPLOYER (Or Most Recent) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date(s) Employed/From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_

## PERSONAL REFERENCES

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## CRIME FREE LEASE ADDENDUM

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Resident agree as follows:

1. Resident, any members of the resident's household or a guest or other person under the resident's control shall not engage in criminal activity, including drug-related activity, on or near the said premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 or the Controlled Substance Act [21 U.S.C. 802]).

2. Resident, any member of the resident's household or a guest or other person under the resident's control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near the said premises.

3. Resident or members of the household will not permit the dwelling unit to be used for, or to facilitate criminal activity, including drug-related criminal activity, regardless or whether the individual engaging in such activity is a member of the household, or a guest.

4. Resident, any member of the resident's household, or a guest, or other person under the resident's control shall not engage in the unlawful manufacturing, selling, using, storing, keeping, or giving of a controlled substance as defined in A.R.S. 13-3451, at any locations, whether on or near the dwelling unit, or otherwise.

5. Resident, any member of the resident's household, or a guest, or another person under the resident's control shall not engage in any illegal activity, including prostitution as defined in A.R.S. 13-3211, criminal street gang activity as defined in A.R. S. 13-105 and 13-2308, threatening or intimidating as prohibited in A.R. S. 13-1202, assault as prohibited in A.R.S. 13-1203 including but not limited to the unlawful discharge of firearms, on or near the dwelling unit premises, or any breach of the lease agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent or other tenants or involving imminent or actual serious property damage, as defined in A.R.S. 33-1368.

6. **VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY.** A single violation of any of the provisions of this added addendum shall be deemed a serious violation and a material and irreparable non-compliance. It is understood that a single violation shall be good cause for immediate termination of the lease under A.R.S. 33-1377, as provided in A.R.S. 33-1368. Unless otherwise provided by law, proof of violation shall not require a criminal conviction, but shall be by a preponderance of the evidence.

7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.

8. This LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Owner and Resident.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Resident Signature**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Resident Signature**

\_\_\_\_\_ **Date-:** \_\_\_\_\_  
**Property Manager's Signature**

\_\_\_\_\_  
**Property**

**FAST TRACK APPLICATION**

**APPLICATION FEE MUST BE INCLUDED OR WE WILL NOT PROCESS**

**ACCOUNT TO BE BILLED:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_ **REQUIRED**  
**SOCIAL SECURITY #:** \_\_\_\_\_ **REQUIRED**  
**DATE OF BIRTH:** \_\_\_\_\_ **REQUIRED**

**SPOUSE'S NAME:** \_\_\_\_\_ **REQUIRED**  
**SPOUSE'S SOCIAL SECURITY #:** \_\_\_\_\_ **REQUIRED**  
**DATE OF BIRTH:** \_\_\_\_\_ **REQUIRED**

**ADDRESS INFORMATION MUST INCLUDE ALL INFORMATION REQUESTED**

**Current Address:** \_\_\_\_\_  
**STREET ADDRESS** **CITY/STATE** **ZIP CODE**

**DAYTIME PHONE FOR APPLICANT:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
**STREET ADDRESS** **CITY/STATE** **ZIP CODE**

**Previous Address:** \_\_\_\_\_  
**STREET ADDRESS** **CITY/STATE** **ZIP CODE**

**ALL QUESTIONS BELOW MUST BE FILLED OUT COMPLETELY IN ORDER TO SCREEN PROPERLY**

**HAVE YOU EVER USED ANOTHER SOCIAL SECURITY NUMBER? \_\_\_\_\_ YES/NO**  
**IF YES PROVIDE OTHER NUMBER:** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ YES/NO IF YES, WHAT COUNTY AND STATE? \_\_\_\_\_ NATURE OF FELONY? \_\_\_\_\_**

**HAVE YOU EVER BEEN EVICTED? \_\_\_\_\_ YES/NO**

**I AUTHORIZE NWIS TO OBTAIN CREDIT REPORTS, CRIMINAL REPORTS AND CIVIL RECORDS.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICATION FEE MUST BE INCLUDED OR WE WILL NOT PROCESS**