

Banking Information

1. _____ Bank name and location	_____ Telephone number	_____ Checking or savings account number (please specify which)
2. _____ Bank name and location	_____ Telephone number	_____ Checking or savings account number (please specify which)
3. _____ Bank name and location	_____ Telephone number	_____ Checking or savings account number (please specify which)

IMPORTANT: Falsification of information or intentional omission of information on this application is grounds for denial of housing.

Additional Information

_____ Vehicle (Make and Model)	_____ Year	_____ Color	_____ License Plate No.
_____ Vehicle (Make and Model)	_____ Year	_____ Color	_____ License Plate No.
_____ Name of person to contact in case of emergency	_____ Telephone Number	_____ Address	
_____ List all other intended occupants (first and last names and ages)			

Have you ever lived at any address not listed in the past five years? _____ If yes please explain.
Have you been evicted or asked to move in th past five years? _____ If yes please explain.
Have you ever been convicted of a gross misdemeanor or felony? _____ If yes please explain.
Have you ever filed for Bankruptcy chapter 7 or 13? _____ If yes please explain.

Explanations:

I / we represent that the above information is true and correct. I / we understand that Apartment Services Plus, Inc. (ASP), whose office address is 7400 Metro Blvd., Suite 419, Edina, MN 55439 - Telephone: 1-800-825-9592, will conduct an investigation of my / our background(s). I/we authorize and consent to the release of any and all information to ASP Inc. that they may require including credit, employment, residency/rental, banking, criminal and government financial aid information. Such information may be conveyed to ASP by any means of transmission and ASP is further authorized to report such information to its client. I / we hold ASP harmless from any claims for damages resulting from such information. However, ASP agrees to, upon written request, reinvestigate and report any information that I/we claim as false.

_____ Signature	_____ Date	_____ Spouse's signature	_____ Date
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Apartment Services Plus, Inc. complies with all Federal and State equal housing legislation.