

**MYSTIC MOON ENTERPRISES, LLC & BLUESTONE RIDGE, LLC RENTAL APPLICATION**

**\$35 Application Fee Per Applicant – \$500 Hold Deposit - All Units Smoke Free/Party Free Units**

**\$250 NON-REFUNDABLE PET FEE, \$50 PET RENT PER PET PER MO. \*218-727-5591 fax 218-727-5592\***

**Individual applications required from each adult occupant. Rental Property Address \_\_\_\_\_**

**Date of Application \_\_\_\_\_ Apartment # \_\_\_\_\_ Date Needed \_\_\_\_\_**  
**Hold Deposit & Processing Fee Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Rental Amount \_\_\_\_\_**

- 1. A. Occupant's Name \_\_\_\_\_ Email \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_
- B. Occupant's Name \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_
- C. Occupant's Name \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_
- D. Occupant's Name \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

2. Please give us all of the information on the last two places you resided for a minimum of 1 year and do not include family members.
- A. Present Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 If Renting, Landlord \_\_\_\_\_ Landlord's Phone (\_\_\_\_) \_\_\_\_\_  
 Dates Lived There \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_
- B. Previous Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 If Rented, Landlord \_\_\_\_\_ Landlord's Phone (\_\_\_\_) \_\_\_\_\_  
 Dates Lived There \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_  
 Pets: \_\_\_\_ Yes \_\_\_\_ No

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3. Please give us your employment information or sources of income.
- A. Applicant's Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ Employer's Phone (\_\_\_\_) \_\_\_\_\_  
 Other Source of Income \_\_\_\_\_ Annual Gross Income \_\_\_\_\_
- B. Spouses Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ Employer's Phone (\_\_\_\_) \_\_\_\_\_  
 Other Source of Income \_\_\_\_\_ Annual Gross Income \$ \_\_\_\_\_

4. Number of Vehicles \_\_\_\_ Year \_\_\_\_ Type & Plate # \_\_\_\_\_ Year \_\_\_\_ Type & Plate # \_\_\_\_\_
5. Name of Father and/or Mother \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

6. Please give us your personal reference information in case of an emergency.
- Full Name \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Relationship \_\_\_\_\_

7. Name of Bank and Savings & Loan \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Type of Account(s): \_\_\_\_ Checking \_\_\_\_ Savings \_\_\_\_ Loan Account Number \_\_\_\_\_

8. Have you ever been evicted from an apartment? \_\_\_\_ Yes \_\_\_\_ No  
 If Yes, Explain \_\_\_\_\_

9. Have you ever been convicted of or pleaded guilty or "no contest" to a felony (whether or not resulting in conviction)? \_\_ Yes \_\_ No

10. Have you ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (whether or not resulting in conviction)? \_\_\_\_ Yes \_\_\_\_ No

I understand and certify that the information given herein is for the confidential use of Mystic Moon/Bluestone Ridge Rentals and is declared to be factual and true. Management reserves the right to reject or evict any applicant because of misrepresentation. If a felony conviction is discovered, this could result in immediate denial of this rental application or eviction from the premises. If this application is accepted, I will abide by the Rules and Regulations of the Management. I agree to sign the Lease form as prescribed by Lessor. I further acknowledge that this **\$500 hold deposit may be forfeited in full, as damages**, if I do not accept occupancy on approval of application. Acceptance of deposit does not imply approval of Application and deposit will be returned in event of rejection. I also agree to hold harmless the Management and/or it's agents for such investigation and/or its results. Applicant agrees to pay a \$35 non refundable processing fee. Credit scan consent, authorization, release and hold harmless form must be completed and is a part of this application.

**I certify that I am 18 years of age or older and a member of the household applying for occupancy and can sign the lease contract. RETURN APPL. W/PROC FEE TO: 126 E 9<sup>TH</sup> ST, DULUTH, MN 55805 OR FAX TO 218-727-5592**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Manager

**www.bluestoneridgerentals.com**

\_\_\_\_\_  
Date

**Date:** \_\_\_\_\_

**Dear Employer:** \_\_\_\_\_ has applied to Mystic Moon/Blue Stone Ridge Rentals for residency. By their signature below, they are authorizing the release of information regarding their income.

Your timely reply will expedite their anticipated move. Please call if you have any questions. Thank you for your help in this matter.

Sincerely,

\_\_\_\_\_  
**Mystic Moon/Blue Stone Ridge Rentals**

I authorize any and all parties to release information regarding my current employment for the purpose of qualifying for occupancy with Mystic Moon/Blue Stone Ridge Rentals.

\_\_\_\_\_  
**Signature of Applicant**

**PLEASE FILL OUT INFORMATION:**

**Employment Verification:**

**Dates of Employment:** *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

**Gross Annual Wages:** \$ \_\_\_\_\_ *per year* **Position:** \_\_\_\_\_

Person Verifying: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Any other supporting comments would be appreciated. \_\_\_\_\_

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Please fax back as soon as possible to **Mystic Moon/Bluestone Ridge Rentals 218-727-5592**

Date: \_\_\_\_\_

Dear Landlord: \_\_\_\_\_ has applied to Mystic Moon/Blue Stone Ridge Rentals for residency. By their signature below, they are authorizing the release of information regarding their rental history.

Your timely reply will expedite their anticipated move. Please call if you have any questions. Thank you for your help in this matter.

Sincerely,

\_\_\_\_\_  
Mystic Moon/Blue Stone Ridge Rentals

I authorize any and all parties to release information regarding my past and current residency for the purpose of qualifying for occupancy with Mystic Moon/Blue Stone Ridge Rentals.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE FILL OUT INFORMATION:**

**Landlord Reference:**

**Dates of Occupancy:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Rental Amount:** \$ \_\_\_\_\_ per month **Type of Lease:** \_\_\_\_\_

**Was the rent paid on time:** \_\_\_\_\_ **If not, how often late?** \_\_\_\_\_ times

Was proper notice given? \_\_\_\_\_ Is the rent current? \_\_\_\_\_

Was this resident ever evicted? \_\_\_\_\_ Would you rent to this resident again? \_\_\_\_\_  
Any complaints against the resident? \_\_\_\_\_ Any other supporting  
comments would be Appreciated. \_\_\_\_\_

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Please fax back as soon as possible to **Mystic Moon/Bluestone Ridge Rentals 218-727-5592**

Signature of Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDIT SCAN**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I. \_\_\_\_\_

S.S.#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ **SUBMIT A**

**COPY OF THE FRONT & BACK OF YOUR DRIVER'S LICENSE**

AUTOMOBILE \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

COLOR \_\_\_\_\_ STATE \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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SPOUSE'S LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

S.S.#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

SPOUSE'S DRIVER'S LICENSE # \_\_\_\_\_

AUTOMOBILE \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

COLOR \_\_\_\_\_ STATE \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_

SPOUSE'S EMAIL ADDRESS: \_\_\_\_\_

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PRESENT ADDRESS \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CONSENT, AUTHORIZATION, RELEASE, AND HOLD HARMLESS**

I/We do hereby consent to and authorize the landlord and/or any representative of Mystic Moon Rentals/Blue Stone Ridge Rentals, to obtain , verify and exchange information on any reports concerning me as are maintained by, but not limited to Credit Reporting Agencies. I understand that any information obtained may be considered by the landlord and/or of Mystic Moon Rentals/Blue Stone Ridge Rentals in their sole discretion as a factor in decisions they make with respect to property for which I am applying. Web Sites used for information include:

MN Bureau of Criminal Apprehension: <https://cch.state.mn.us/pcchOffenderSearch.aspx>

MN state courts: <http://pa.courts.state.mn.us/default.aspx>

WI state courts: <http://www.wcca.wicourts.gov/index.xsl>

Public Access for all States: <http://www.ncsconline.org/wc/CourTopics/StateLinks.asp?id=62>

Nationwide public access to Predatory Offenders: <http://www.nsupw.gov>

**Furthermore, I hereby release and hold harmless agents, owners and affiliates of, but not limited to their officers, directors, employees, and Credit Reporting Agencies, it's officers and employees that shall provide information to the landlord upon request, from and against any and all claims, demands, suits or expenses arising from or related to the content, validity of handling of reports said.**

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

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

**MYSTIC MOON/BLUESTONE RIDGE RENTALS**

126 E. 9<sup>th</sup> Street, Duluth, MN 55805

218-727-5591 \* Fax: 218-727-5592

WWW.BLUESTONERIDGERENTALS.COM

Apartment Check-In List

Date: \_\_\_\_\_

Name \_\_\_\_\_ Move-in Date \_\_\_\_\_

Address \_\_\_\_\_ Apartment # \_\_\_\_\_

Move-in

Move-out

Carpet Condition:

Living/dining \_\_\_\_\_

Hallway/entry \_\_\_\_\_

Bedroom 1 \_\_\_\_\_

Bedroom 2 \_\_\_\_\_

Bedroom 3 \_\_\_\_\_

Stairway \_\_\_\_\_

Closet Door(s) Condition \_\_\_\_\_

Window(s) Condition \_\_\_\_\_

Screen(s) Condition \_\_\_\_\_

Appliance(s) Condition \_\_\_\_\_

Stove Top \_\_\_\_\_

Fan \_\_\_\_\_

Refrigerator \_\_\_\_\_

Dishwasher \_\_\_\_\_

Garbage Disposal \_\_\_\_\_

Kitchen Counter Condition \_\_\_\_\_

Kitchen Cutting Board Condition \_\_\_\_\_

Kitchen Cabinet Condition \_\_\_\_\_

Faucet(s) Condition \_\_\_\_\_

Air-Conditioner Condition \_\_\_\_\_

Front Door Condition \_\_\_\_\_

Back Door Condition \_\_\_\_\_

Bathroom Condition \_\_\_\_\_

Vanity Top \_\_\_\_\_

Floor \_\_\_\_\_

Tub \_\_\_\_\_

Cabinet \_\_\_\_\_

Towel Bars \_\_\_\_\_

Mirrors \_\_\_\_\_

Light Fixtures \_\_\_\_\_

Drapery Rods/Blinds Condition \_\_\_\_\_

Light Bulbs \_\_\_\_\_

Thermostat Condition \_\_\_\_\_

Smoke Alarms – Location/Batteries Connected \_\_\_\_\_

Photographs taken by landlord prior to Move-In \_\_\_\_\_

Keys Received \_\_\_\_\_

Apartment \_\_\_\_\_

Entry \_\_\_\_\_

Other \_\_\_\_\_

Miscellaneous \_\_\_\_\_

I/We have made an inspection of the above named apartment upon occupying and have noted any and all discrepancies. I/We will assume responsibility for any damage and cleaning, other than the above listed items.

Please complete walk through list prior to moving in.

Return signed and dated form to receive your key. Thank you.

Resident(s)

Date