

STUDENT RESIDENT APPLICATION

126 East 9th Street, Duluth, MN 55805

(218) 727-5591 fax (218-727-5592)

Date of Application _____ For Apartment located at _____

Complete Name _____ Your E-mail _____

Date of Birth _____ Driver License No. _____ Grad. Date _____

Cell _____ Social Security # _____

Current School _____ Next Year School _____ Major/Minor _____ GPA _____

Current Complete Address _____ Zip _____ Phone _____

Present _____ Phone _____ Previous _____ Phone _____

(Landlord)

(Landlord)

Parents/Guardian _____ Relationship _____

Parents Complete Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____ Parent Cell _____

Parents Email: _____

Your Car Make & Model _____ Color _____ Year _____ Lic. No. _____

Employer _____ Position _____

Address _____ Zip _____ Phone _____

Present Bank _____ Checking Acct. No. _____

Address _____ City _____ State/Zip _____

Personal References (cannot be a relative):

Name _____ Relationship _____

Address _____ Zip _____ Phone _____

- Have you ever been charged and/or convicted of a misdemeanor, gross misdemeanor, or felony? [] Yes [] No
Have you ever written any checks for insufficient funds? [] Yes [] No
Have you ever had any credit problems or judgments against you? [] Yes [] No
Do you have any pets? [] Yes [] No
DUI or Alcohol Related Ticket? [] Yes [] No
Have you ever been evicted? [] Yes [] No
Do you have a waterbed? [] Yes [] No

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN FURTHER ON BACK

Do you understand our policy prohibiting drugs, kegs, parties, alcohol in the common areas, and excessive noise, and our right to fine you up to \$750.00 for each offense, and do you agree to abide by this policy? [] Yes [] No

Do you understand that we strictly enforce quiet hours after 10:00 p.m. every night including weekends? [] Yes [] No

Do you understand we require a full 12 month lease? [] Yes [] No

Do you understand that we require a parental guaranty to be signed by one or both of your parents? [] Yes [] No

Do you understand that it is your responsibility to find your other roommates (e.g., if a 3 Bedroom Apart, 2 other roommates) and, once you sign our lease, it is your responsibility to pay rent until your lease expires or you find a replacement authorized by us? [] Yes [] No

How did you learn about Bluestone Ridge/Mystic Moon Rentals?

Email Address where we can contact you and may send payment reminders?

All of our Properties and common areas are Smoke Free/Party Free. Do you smoke tobacco? [] Yes [] No

Do you smoke marijuana? [] Yes [] No Do you use controlled substances, drugs, or narcotics? [] Yes [] No

AUTHORIZATION 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 its 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: Bluestone Ridge Renals, 126 E 9TH ST, DULUTH, MN 55805 OR FAX TO 218-727-5592 www.bluestoneridgerentals.com

I hereby authorize Management to conduct a credit history check, criminal history check, and have access to such records for purposes of determining my eligibility for Bluestone Ridge/Mystic Moon Rentals.

SIGNATURE

DATE

Mystic Moon/Bluestone Ridge Rentals is an equal opportunity housing provider. We do not discriminate on the bases of race, color, national origin, ancestry, religion, sex, familial status, marital status, source of income, age, sexual orientation and handicap.

MYSTIC MOON/BLUESTONE RIDGE RENTALS PROPERTIES

www.bluestoneridgerentals.com

126 E. 9TH STREET, DULUTH, MN 55805 - 218-727-5591 – FAX 218-727-5592

PARENT/GUARDIAN/CO-SIGNER GUARANTEE OF RENT

I/We are the parents (legal guardian(s) or co-signer) of _____
_____ who has applied to rent an apartment/house from MYSTIC MOON
RENTALS/BLUESTONE RIDGE RENTALS. We guarantee payment of all obligations for which he or she
may become responsible under his/her lease with MYSTIC MOON RENTALS/BLUESTONE RIDGE
RENTALS. We understand that each of us is personally responsible for this Guarantee.

We understand that MYSTIC MOON RENTALS /BLUESTONE RIDGE RENTALS is relying on this
Guarantee in entering into a lease and therefore agree this Guarantee is irrevocable so long as the lease, or any
extension or renewal of the lease remain in effect.

GUARANTOR

Date Signed

Print full Name of Guarantor

Parent, Guardian or Co-Signer Signature

Address of Parent,
Guardian or Co-Signer:

City, State, Zip

Daytime Phone Number:

() _____

Home Phone Number:

() _____

Cell Phone Number:

() _____

If you have any questions regarding this Guarantee, please contact the MYSTIC MOON
RENTALS/BLUESTONE RIDGE RENTALS.

Office: 218-727-5591 or Fax to: 218-727-5592

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. _____

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. _____

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 # _____			
<u>SUBMIT A COPY OF THE FRONT & BACK OF YOUR DRIVER'S LICENSE</u>			
AUTOMOBILE _____	YEAR _____	MAKE _____	MODEL _____
COLOR _____	STATE _____	PLATE NUMBER _____	

EMAIL ADDRESS: _____

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: _____

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:
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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.nsopw.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. 9th 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 _____