

CREST COMPLIANCE APPLICATION

Property: _____

Unit Number: _____

- All adults 18 years of age or older, not related by blood, marriage, or adoption, must complete their own application.
- The use of Liquid Paper (white-out), pencil or erasable ink will void this form
- To make a correction, please draw a single line through the incorrect information, initial and correct information

RESIDENT CONTACT INFORMATION

Resident: _____ Home Phone: (____) _____
 Address: _____ Work Phone: (____) _____
 _____ Mobile Phone: _____
 _____ Email: _____

HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	SS#	Birth date (MM/DD/YY)	Marital Status S/M/W/SEP/D*	Student (Circle One)
	HEAD					Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

*S=Single / M=Married / W=Widowed / SEP=Separated / D=Divorced

A. General Information:

1. Do you own a pet? YES NO If yes, what kind? _____ Weight: _____
2. Have you or anyone else on this application ever filed bankruptcy OR in the process of filing bankruptcy? YES NO

If yes, please explain (include dates):



3. Have you or anyone else named on this application been convicted OR in the process of being convicted of a felony? YES NO

If yes, please explain: _____

4. Have you or anyone else named on this application ever been evicted from OR in the process of being evicted from an apartment for any reason? YES NO

If yes, please explain: _____

5. Have you or anyone else on this application been convicted OR in the process of being convicted of dealing or manufacturing illegal drugs? YES NO

If yes, please explain: _____

6. Have you or anyone else named on this application been convicted OR in the process of being convicted of property damage? YES NO

If yes, please explain: _____

B. Housing Reference: (List all residences and applicable landlord reference in the past three years.)

Present Address _____ City _____ State _____ Zip _____

From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____

Do you own this residence? YES NO If NO, do you rent this residence? YES NO

Landlord _____ Address _____ City _____

State _____ Zip _____ Landlord phone # _____ Rent per month _____

Previous Address _____ City _____ State _____ Zip _____

From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____

Did you own this residence? YES NO If NO, did you rent this residence? YES NO

Landlord _____ Address _____ City _____

State _____ Zip _____ Landlord phone # _____ Rent per month _____

C. Emergency Contact: (Other than person listed on application). Please list someone in the immediate area if possible.

Name _____ Relationship _____

Home Phone Number () _____ Work Phone Number () _____

D. Drivers License #: Head: _____ Co-Head: _____ State Issued: _____



SIGNATURE CLAUSE

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Credit Program requirements.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

APPLICANT/RESIDENT SIGNATURES

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date



SECURITY DEPOSIT AGREEMENT

Date:	Property Name: STONE ARCH APARTMENTS <small>(HEREINAFTER REFERRED TO AS "PROPERTY")</small>
Building Address: Main Street SE Mpls., MN 55414	Apartment #: _____ Garage #: _____ <small>(HEREINAFTER REFERRED TO AS "APARTMENT")</small>
Security Deposit: \$625.00 \$400.00 is refundable, \$225.00 is a non-refundable Recycling Fee <small>(HEREINAFTER REFERRED TO AS "DEPOSIT")</small>	Move-in Date: _____

Parties of this Agreement:

<p>Resident(s) Total Number: _____ <small>(HEREINAFTER REFERRED TO AS "RESIDENT")</small> MUST LIST ALL RESIDENTS WHO WILL RESIDE IN THE APARTMENT</p> <p>Name(s) _____ <small>LAST FIRST INITIAL</small></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Owner's Authorized Agent: WILL ACCEPT SERVICE OF PROCESS, NOTICES AND DEMANDS HEREINAFTER REFERRED TO AS "MANAGEMENT")</p> <p style="text-align: center;">Pinnacle, An American Management Services Company 5353 WAYZATA BOULEVARD, SUITE 608 MINNEAPOLIS, MN. 55416</p>
--	--

Signatures to this Agreement:

<p>RESIDENT(S):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date Signed: _____</p>	<p>MANAGEMENT:</p> <p style="text-align: center;">Pinnacle, An American Management Services Company</p> <p style="text-align: center;">_____ Date Signed: _____</p> <p style="text-align: center;">Business Manager</p>
---	---

TERMS OF THIS AGREEMENT:

1. If RESIDENT is not accepted by OWNER for occupancy at the PROPERTY, the DEPOSIT will be refunded in full.
2. RESIDENT agrees to forfeit DEPOSIT if he/she is unable to accept, for any reason, the occupancy applied for.
3. RESIDENT acquires no rights to the APARTMENT applied for until: OWNER accepts Resident's application; RESIDENT and OWNER sign a Lease Agreement; RESIDENT has paid for one full month's rent; and OWNER has given RESIDENT possession of the APARTMENT.
4. OWNER will refund DEPOSIT to RESIDENT, together with accumulated interest at the rate specified by law, by mailing it within twenty-one days after the proper termination of the Apartment Lease, and receipt of Resident's forwarding address, subject to the following provisions:
 - a. All terms of the Apartment Lease have been fully complied with, including rent paid in full, late charges, and other debts.
 - b. The full term of the Apartment Lease has been fulfilled.
 - c. Written notice of Resident's intent to terminate the Apartment Lease is provided to OWNER **TWO (2) CALENDAR** months prior to the Apartment Lease ending term date. Resident's written notice must be **RECEIVED BEFORE THE FIRST DAY** of the month.
 - d. There is no damage to the APARTMENT beyond normal wear and tear.
 - e. The entire APARTMENT is left clean. The entire APARTMENT including, but not limited to the range, exhaust fan, refrigerator, air conditioner, bathroom, closets, carpet, and cupboards must be clean and free of odor (including but not limited to food, pet, and tobacco odor).
 - f. No appliances or fixtures are removed from the APARTMENT or the PROPERTY.
 - g. All keys and garage door openers are returned.
 - h. All debris, rubbish and discards are placed in proper rubbish containers.
 - i. Storage closet assigned to RESIDENT (if applicable) is completely empty, clean, and odor free.
5. OWNER shall retain the DEPOSIT if RESIDENT is evicted for cause.
6. OWNER shall retain the DEPOSIT if RESIDENT fails to vacate the APARTMENT by the date and time of the Apartment Lease ending term date, or any other date agreed upon by written agreement of the parties.
7. RESIDENT SHALL NOT WITHHOLD ANY PORTION OF THE LAST MONTH'S RENT AS A MEANS OF RECOVERING THE DEPOSIT MINNESOTA LAW PROVIDES PENALTIES IF THE RESIDENT WRONGFULLY WITHHOLDS RENTAL PAYMENTS.
8. Resident's liability for full compliance with the Apartment Lease, and for any damage to the PROPERTY, is not limited to the amount of the DEPOSIT and interest stated herein.
9. RESIDENT is responsible for lost or damaged garage door openers.

