Galt Speak Student Homes – Information Form

RENTAL HISTORY (including on campus)

Name:		
Name:(First)	(Middle)	(Last)
Have you ever been evicted NO	YES	
CURRENTAddress:		
On Campus Off Campus		
Name of Landlord:		
Address of Landlord:		
Phone Number of Landlord:		
Dates of Rental From	To:	
PREVIOUS address :		
On Campus Off Campus		
Name of Landlord:		
Address of Landlord:		
Phone Number of Landlord:		
Dates of Rental From	To:	
I hereby state that the above informunderstand a background check including		
Signature of Tenant		Date



INFORMATION FORM

Address of property			,]	Duluth, Minnesota
CURRENTLY	Freshman	Sophomore	e Junior	
Name:		(Middle - Full)		
(First	st)	(Mıddle - Full)	(Last)	
Birthdate:		Social Se	curity#	
CURRENT Phone	Number: ()			
Email				-
				1 * UMD Statesman
Referred by Name:			Phone #	
Security Deposit in	the amount of \$_		MUST accompan	y group applications.
HOME ADDRESS	S			
Permanent Address	:			
Permanent Phone N	Tumber:()_			
Driver's License Nu	umber:		State of L	icense:
Employed By:			Position:	
Address of Employ	er:			
Salary: \$	Hourly ()	Weekly () Month	ly()	
Do you own a car?	If	so: Make:	Model:	
Year:	License Numbe	r:	Legal Owner:	
Emergency Contact	··		_ Phone Number:	

Galt Speak Student Homes P. O. Box 3669 Duluth, MN 55803 218.343.2473