



P.O. Box 216 • 112 W. Main St.  
Irene, SD 57037-0216

Phone: 605-263-3941  
Fax: 605-263-3191

**APPLICATION FOR PARKRIDGE OCCUPANCY**

*Please print and complete both sides of the application form*

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

Applicant Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_ How long? \_\_\_\_\_

List all persons who will live in the rental unit:

<u>Full Name</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>Birth Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

Present Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Former Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

References: Bank, Credit and Personal

<p><b>Bank:</b></p> <p>Name: _____ Phone #: _____</p> <p>Address: _____</p>
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**Credit:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Personal:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Has the applicant/co-applicant ever:**

Been evicted or asked to move out of a property?  Yes  No

Been sued for damage to rental property?  Yes  No

Been sued for non-payment of rent?  Yes  No

Broken a Rental Agreement or Lease?  Yes  No

Been convicted of a crime?  Yes  No

If so explain: \_\_\_\_\_

Are you currently being investigated /prosecuted for a crime pending?  Yes  No

If so explain: \_\_\_\_\_

Are applicant/co-applicant listed as a registered sex offender in any state?  Yes  No

If so, what state? \_\_\_\_\_

When do you wish to move in? \_\_\_\_\_

*I (We) authorize Skogen Company to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 US C, Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I (We) also authorize Skogen Company to obtain present and previous landlord references. Any information given shall be held in strict confidence.*

**I (We) certify that the foregoing information is true and complete to the best of my knowledge. I (We) authorize inquires to be made to verify the statements above.**

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

PLEASE RETURN THIS APPLICATION TO: SKOGEN COMPANY  
P.O. Box 216  
Irene, SD 57037

Application inquiries may be directed to the above address or made by calling (605) 263-3941, between the hours of 9 am – 4:30 pm, Monday – Friday.