Hillview Apartments Rental Application

4986 Service Dr. Goodview, Mn. 55987

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Name	First	Mi	_ Last	
Phone#				
Date of Birth				
Email:				
Social Security #				
Alternate Phone #		Rela	ationship	
Employer				
Length of Employm	ent			
Phone #				
Present Landlord				
Phone #				
Personal Reference	·			
Phone #				
For our tenants pro	tection we do backgro	und chec	:ks.	
By signing you cons	ent to having your refe	erences c	hecked	
Signature				