



# Allegiant Property Management, LLC

412 South 3rd Street • La Crescent, MN • 55947 • 608-784-1381 • Fax: 507-551-2068 • [allegiant@apmwi.net](mailto:allegiant@apmwi.net)

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

## Market Rate – Non-Subsidized Application

Check the apartment complex(s) you are applying for.  
(You must check at least one property)

LA CROSSE WISCONSIN PROPERTIES	LA CRESCENT MINNESOTA PROPERTIES
<b>CJC PROPERTIES</b>  <i>1012 Grove St.</i>  <i>1014 Grove St</i>  <i>1211 S. 4<sup>th</sup> St.</i>	<b>BUCHMAN PROPERTIES</b>  <i>65 Cornforth</i> <i>1 Bedroom</i> <i>2 Bedroom</i>  <i>910 Redwood East</i> <i>1 Bedroom</i> <i>2 Bedroom</i>  <i>913 Redwood West</i> <i>1 Bedroom</i> <i>2 Bedroom</i>
<b>LUCK WISCONSIN PROPERTIES</b>  <b>PIONEER APARTMENTS</b>  <i>612 S. 2<sup>nd</sup> St</i>	<b>PEDRETTI PROPERTIES</b>  <i>700 S. 11<sup>th</sup> St.</i>

Properties Managed by:  
**ALLEGiant PROPERTY MANAGEMENT, LLC**  
412 S 3<sup>rd</sup> Street  
La Crescent, MN 55947  
608-784-1381 or 888-393-3282

1. \_\_\_\_\_  
 Last Name, First Name, Middle Initial Social Security # Date of Birth Sex  
 \_\_\_\_\_  
 Current Address City State Zip  
 (\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
 Home Phone # Cell Phone # Work Phone #  
 Length lived at current address (\_\_\_\_/\_\_\_\_/\_\_\_\_) to (\_\_\_\_/\_\_\_\_/\_\_\_\_)
2. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Monthly Rent Utilities responsible for Average utilities per month # bedrooms

**List all other persons who will be occupying the apartment**

3. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last Name, First Name, Middle Initial Relationship Social Security # Date of Birth Sex  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last Name, First Name, Middle Initial Relationship Social Security # Date of Birth Sex  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last Name, First Name, Middle Initial Relationship Social Security # Date of Birth Sex  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last Name, First Name, Middle Initial Relationship Social Security # Date of Birth Sex  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last Name, First Name, Middle Initial Relationship Social Security # Date of Birth Sex  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last Name, First Name, Middle Initial Relationship Social Security # Date of Birth Sex
4. Do you have an email address? Yes No

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

**By providing the e-mail address, you are accepting electronic receipt of electronic documents and you agree to keep management updated with any email address changes.**

5. Is current rent based on income? Yes No
6. Is lease in your name only? Yes No  
 If no, list other person(s) on lease: \_\_\_\_\_
7. Are you being evicted? Yes No  
 If yes, explain: \_\_\_\_\_
8. Have you been asked to move? Yes No  
 If yes, explain: \_\_\_\_\_

**Dates of RENTAL HISTORY must be last 3 consecutive years**

9. a. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Current Landlord Name Address City State Zip  
 (\_\_\_\_\_) \_\_\_\_\_  
 Current Landlord Phone number
- b. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Previous Rental Address City State Zip
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Previous Landlord Name Address City State Zip

(\_\_\_\_\_) Length lived at this address (\_\_\_\_/\_\_\_\_/\_\_\_\_) to (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
Previous Landlord Phone Number

Reason for moving:\_\_\_\_\_

c.\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Previous Rental Address City State Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Previous Landlord Name Address City State Zip

(\_\_\_\_\_) Length lived at this address (\_\_\_\_/\_\_\_\_/\_\_\_\_) to (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
Landlord Phone number

Reason for moving:\_\_\_\_\_

d.\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Previous Rental Address City State Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Previous Landlord Name Address City State Zip

(\_\_\_\_\_) Length lived at this address (\_\_\_\_/\_\_\_\_/\_\_\_\_) to (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
Landlord Phone number

Reason for moving:\_\_\_\_\_

e.\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Previous Rental Address City State Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Previous Landlord Name Address City State Zip

(\_\_\_\_\_) Length lived at this address (\_\_\_\_/\_\_\_\_/\_\_\_\_) to (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
Landlord Phone number

Reason for moving:\_\_\_\_\_

10. Have you ever been evicted? **Yes** **No**  
If yes, explain: \_\_\_\_\_

11. List the states that you have lived in for the past 10 years. \_\_\_\_\_

12. Have you ever willfully or intentionally refused to pay rent when due? **Yes** **No**  
If yes, explain: \_\_\_\_\_

13. Have you or any member of your household been convicted of any criminal activity?  
criminal activity? **Yes** **No**  
If yes, explain: \_\_\_\_\_

14. Are you or any member a registered sex offender in any state? **Yes** **No**  
If yes, what state? \_\_\_\_\_

15. Are you or any member of your household a current abuser of any illegal or controlled  
substance? **Yes** **No**

16. Have you or any member of your household been convicted of the manufacture or distribution of any  
illegal substance? **Yes** **No**

17. Do you currently have a pet?      **Yes**      **No** If yes, describe: \_\_\_\_\_

18. How did you find out about the apartments? \_\_\_\_\_

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### **19. ASSETS & EARNED INCOME**

List full-time and part-time employment for ALL household members. Include: wages, overtime, bonuses, commissions, tips, self-employment income.

Member's Name	Employer (Name)	Address/Phone #	Hrs/week	Gross Earnings
				week/month
				week/month
				week/month
				week/month

### **20. SOURCES OF INCOME**

Also included in the total anticipated gross income is other income which includes, but is not limited to: alimony, child support, Social Security/SSI, workers comp, severance pay, unemployment compensation, or regular and special pay and allowances of member of the Armed Forces

Household Member's Name	Type of Income	Amount

**21. PERSONAL REFERENCES** - List at least three personal references that you have known for at least one year that are not relatives

1. \_\_\_\_\_  
Name                      Address/City/State/Zip                      Phone #                      Relationship                      Known how long?
2. \_\_\_\_\_  
Name                      Address/City/State/Zip                      Phone #                      Relationship                      Known how long?
3. \_\_\_\_\_  
Name                      Address/City/State/Zip                      Phone #                      Relationship                      Known how long?

Your signature on this application authorizes the owner/manager of the property in which you are applying for occupancy to contact your prior landlords for information regarding your prior tenancies, to check personal and credit references, and to obtain credit, employment, bank and court records.

I/We declare that the statements and information contained in this application are true and complete to the best of my/our knowledge. I/We understand that the willful submission of false or misleading information may be the sole reason for rejection of this application or termination of tenancy. It is further understood that the completion of this application does NOT constitute an acceptance for occupancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**By checking this box, I agree my electronic signature, above on this document is as valid as if I signed the document in writing and I consent to be legally bound to this agreement.**

Allegiant Property Management will provide reasonable accommodations for any person(s) who are unable to complete this application due to physical or mental disability. Additional reasonable accommodations can be provided to ensure effective use of the housing program. Please request a Reasonable Accommodation form.

Allegiant Property Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

David Heyer,  
412 South 3<sup>rd</sup> Street  
La Crescent, MN 55947  
1-866-293-9038 - TTY # 800-947-3529.

**Forms that will be needed prior to move in:** copy of Social Security cards and copies of driver's licenses or photo ID for all adult members.. Do not attach them to this application. They will be requested later.

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**Applications can be: emailed to [allegiant@apmwi.net](mailto:allegiant@apmwi.net) faxed or mailed to:**

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**412 South 3<sup>rd</sup> Street**  
**LA Crescent, MN 55947**  
(608) 784-1381 \* (507) 551-2068 (fax)

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Date Rec'd: \_\_\_\_\_  
Time Rec'd: \_\_\_\_\_  
Rec'd by: \_\_\_\_\_  
Apt.#: \_\_\_\_\_

