



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

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

## LA CROSSE WISCONSIN PROPERTIES

### CJC PROPERTIES

- 1012 Grove St 6 Bedrooms
- 1014 Grove St. 6 Bedrooms
- 1211 S. 4<sup>th</sup> St. 2 Bedrooms

## LA CRESCENT MINNESOTA PROPERTIES

### BUCHMAN PROPERTIES

- 65 Cornforth
  - 1 Bedroom
  - 2 Bedroom
- 910 Redwood East
  - 1 Bedroom
  - 2 Bedroom
- 913 Redwood East
  - 1 Bedroom
  - 2 Bedroom

### PEDRETTI PROPERTIES

- 711 S. 11<sup>th</sup> St. 2 Bedroom

### CEDAR DRIVE LUXURY APARTMENTS

- 916 Cedar Drive
  - 1 bedroom (2 units)
  - 2 bedroom (8 units)

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



14. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**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: \_\_\_\_\_

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

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

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

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

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

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

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

22. Do you currently have a pet?  Yes  No

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

**24. ASSETS - EARNED INCOME**

List full and part-time employment for ALL household members. 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

**25. 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

**26. 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.**

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

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

Date rec’d: _____
Time rec’d: _____
/Rec’d by: _____
Apt. #: _____

