Professional Management, Inc.

Date and Time received: _____

APPLICATION TO RENT

Name: _____ Date: _____

Phone Number: _____ Cell Phone Number: _____

1. Co-Tenant (roommate): _____
   Co-Tenant Phone number: _____
2. Current Address: _____ From_____ to ___
   City, State, Zip _____
3. Current Landlord: _____ Phone Number: _____
   Current Landlord Address: _____
   City, State, Zip _____
4. Previous Landlord: _____ Phone Number: _____
   Previous Landlord Address: _____ How long? _____

5. Previous Landlord: _____ Phone Number: _____
   Previous Landlord Address: _____ How long? _____

6. Current Employer: _____ How Long? _____
   Current Income Per Month: _____
7. Previous Employer: _____ How Long? _____

8. Spouse's (Co-Tenant) Employer: _____
   Current Income Per Month: _____
9. Name of Your Bank: _____ State?_____

10. In case of emergency, who should we contact? _____
    Contacts Address:_____
    Contacts Phone Number: _____

11. List name and relationship of ALL persons to live on the premises:

_____

_____

_____

12. Have you or the co-tenant ever been evicted? YES NO

13. Have you or the co-tenant ever caused damage to rental property or been required to pay damages to rental property? YES NO

14. How were you referred to the unit? _____

_____

15. Social Security Number: _____ Date of Birth:_____
Co-Tenant Social Security #: _____ Date of Birth:_____

16. License Plate #: _____Co-Tenant Plate #: _____

17. Have you or the co-tenant ever been accused or convicted of possession, manufacturing, or distribution of a controlled substance? YES NO

18. Have you or the co-tenant ever had utilities in your name? YES NO
If YES, has your utilities ever been shut off for non-payment? YES NO

19. Have you or the co-tenant ever been convicted of a felony? YES NO

20. Are you or the co-tenant a smoker? YES NO

21. Would you be requesting special features in the unit? YES NO
If YES, what would be requested? _____
_____

22. Have you or the co-tenant ever caused police activity at your home? YES NO

23. Are you or any member of the household subject to a lifetime registration for sex offenders? YES NO

I hereby make application for residence and certify the above information is correct. I authorize you to contact any references I have listed and give permission to obtain a credit report.

Signature: _____ DATE: _____

Co-Tenant Signature: _____ DATE: _____

E-mail Address: _____

Co-Tenant Email Address: _____

PLEASE RETURN APPLICATION AND APPLICATION FEE TO:

DROP: 201 SW 1ST STREET, MADISON, SD 57042

MAIL: PO BOX 220, MADISON, SD 57042

EMAIL: RROLING@PROFMGTINC.NET

FAX: 605-256-0863

APPLICATIONS WILL NOT BE PROCESSED UNIT APPLICATION FEE IS RECEIVED