



PROPERTY MANAGEMENT
401 Sturgis St. • Rapid City, SD 57702
Bus: (605) 348-1865 • Fax: (605) 348-7279

RENTAL APPLICATION

PROPERTY _____

Date _____

Name _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Social Security # _____ Employment Income _____ Other Income _____

Employer _____ How Long _____ Supervisor _____ Telephone _____

Personal Reference _____ Telephone _____

In Case of Emergency Notify _____ Telephone _____

Address _____ City _____ State _____ Relationship _____

Present Landlord _____ Telephone _____ How Long _____ Rent _____

Previous Address _____ City _____ State _____ Zip Code _____

Previous Landlord _____ Telephone _____ How Long _____ Rent _____

Have you ever been evicted from a rental property? Yes No Have you ever been convicted of a crime? Yes No

Do you currently use any illegal controlled substance? Yes No Have you engaged in drug-related criminal activity and/or been

involved in criminal activity that poses a threat to the health, safety or welfare of others? Yes No If yes explain _____

Do you have a legal right to be in the United States? Yes, because I am a United States citizen Yes, because I have valid

documentation from the Bureau of Citizenship and Immigration Service No If you answered "Yes" because you are a non-U.S. citizen

with valid visa documentation, please provide: Reason you are in the U.S. _____ Visa Type _____ Visa Exp. Date _____

Co-Occupant _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Social Security # _____ Employment Income _____ Other Income _____

Employer _____ How Long _____ Supervisor _____ Telephone _____

Personal Reference _____ Telephone _____

In Case of Emergency Notify _____ Telephone _____

Address _____ City _____ State _____ Relationship _____

Present Landlord _____ Telephone _____ How Long _____ Rent _____

Previous Address _____ City _____ State _____ Zip Code _____

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with valid visa documentation, please provide: Reason you are in the U.S. _____ Visa Type _____ Visa Exp. Date _____

Other persons occupying premises: (If over the age of 18 all of the above information must be provided on a second application)

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Automobile _____ License # _____ Automobile _____ License # _____

Pets: Yes No Description and Size _____

How were you referred to us? _____

Please note this is a preliminary application and gives no lease or rent rights. The full security deposit and \$45.00 cash, nonrefundable application fee for each single applicant age 18 and over listed on the application must accompany this application. If the application is denied the security deposit will be returned. If the applicants withdraw the application the security deposit is not refundable. The applicants hereby authorize the Owner to do a credit check, criminal background check and to verify all information with stated references. Applicants certify that this application is complete and contains all material facts. Applicants understand that this application may be denied or the rental agreement may be cancelled if any information or statement in the application proves to be false.

LEWIS, KIRKEBY & HALL MGMT., INC. AND ITS EMPLOYEES WILL NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, FAMILIAL STATUS OR CREED. ALL AGENTS OF LEWIS, KIRKEBY, & HALL MGMT., INC., REPRESENT THE OWNER OF THE PROPERTY IN THIS AND ANY OTHER TRANSACTION.

Applicant Signature _____

Applicant Signature _____

BLACK HILLS ENERGY

AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION

I, _____, am a customer of Black Hills Energy (BHE) maintaining an electric account in my name at:

STREET ADDRESS

CITY

STATE

ZIP CODE

My BHE Account Number(s): _____

By my signature below, I authorize Black Hills Energy to release any and all oral and written information about my utility account(s) to the following person(s), agency or company:

NAME OF PERSON(S), AGENCY OR COMPANY

STREET ADDRESS/PO BOX

CITY

STATE

ZIP CODE

PHONE NO.

I understand and agree that this authorization includes the release and discussion of all information concerning this account, to a third party, including, but not limited to, the billing and payment history. I hold Black Hills Energy, their employees, officers, agents, parent companies and subsidiaries, harmless from any and all liability with may arise from information which is released as a result of this Authorization. I understand that I may cancel this authorization at any time by submitting a written request.

CUSTOMER'S PRINTED NAME

CUSTOMER'S SIGNATURE

DATE