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RENTAL APPLICATION

- Each adult applicant (18 years of age or older) must complete an application.
- Incomplete applications will not be considered.
- Your application will be denied if you misrepresent any information in this application.

Proof of Identification is required.

- Please print legibly.
- Proof of identification is required.

7	Date Name of Landlord/Agent:								
8	UNIT INFORMATION (To be Completed by Landlord)								
9	Address			Unit No.					
10	Monthly Rental Amount	nthly Rental Amount Security Deposit Amount							
11	Type of Tenancy (i.e. 12 month lease, month to month,	etc.)							
12	Utilities Included								
13	PERSONAL INFORMATION								
14	Applicant's Full Name	MIDDLE	LAST	Date of Birth					
	List any prior names that you have used:			Soc. Sec. No					
17	Address			Phone					
18	City, State, Zip			Other Phone					
	D.L. NoOTHER OCCUPANTS include full names.			DATE OF BIRTH	SOC. SEC. NO.				
21									
22									
23									
24	DENTAL LICTORY								
25	Current Address	CITY	STATE	How Long?					
	Current Landlord								
27	Reason for Moving?			Current Rent Amount	/				
28									
29	Previous Address	CITY	STATE	How Long?					
30	Previous Landlord			Phone					
31	Reason for Moving?			Current Rent Amount	/				
32	EMPLOYMENT HISTORY								
33	Current Employer			Starting Date					
34	Address			CITY	STATE ZIP				
35	Job Title			Gross Monthly Income	(hefore deductions)				
36	Supervisor			Phone	(before deductions)				
37	Other Employer			Starting Date					
38	Address			CITY	STATE ZIP				
39	Job Title			Gross Monthly Income	(before deductions)				
	Supervisor								

41	OTHER SOURCES OF INCOME								
42	List any additional income to be considered – verification required								
43									
44	CREDIT & FINANCIAL INFORMATION								
45	Bank		_Account No	Account Type					
46	Bank		_Account No	Account Type					
	Credit References (auto loans, per								
48	Type	Name of Credito	or	Account No					
49	Total Amount Owed	Monthly Paymer	nt Amount						
50	Type	Name of Credito	or	Account No					
51	Total Amount Owed	Monthly Paymer	nt Amount						
52	OTHER INFORMATION								
53	Automobiles and Other Vehicles								
54	Make and Type	Year	Color	Lic. No					
55	Make and Type	Year	Color	Lic. No					
56	Make and Type	Year	Color	Lic. No					
57	Do you have any pets?	If yes, what type and	how many?						
58	Do you own furniture? Do you smoke? Have you ever been evicted?								
59	If yes, please provide circumstance	es:							
60	Emergency Contact:								
61	Name	P	hone	Relationship					
62	Address			CITY STATE ZIP					
				Relationship					
64	Address			CITY STATE ZIP					
66	Wisconsin Department of Correction	ons on the Internet at http	s://appsdoc.wi.g	s registered with the registry by contacting the gov/public or by phone at 608-240-5830.					
68 69	The rental of this property is limited to the use and occupancy by the individuals listed above without any right to sublet any or all of the property. Tenant may request in writing within seven days after delivery of the rental unit a list of physical damages or defects, if any, charged to the previous tenants security deposit.								
	o I enclose the sum of \$ (landlord's actual cost, up to \$25) to obtain my consumer credit report. If I am not a current residen								
	of the state of Wisconsin, then I also enclose the sum of \$ (landlord's actual cost, up to \$25) to obtain my background check. I understand that if I have misrepresented any information on this application that my application will be denied.								
	•	-							
74	3 I authorize Landlord to do the following: (1) contact any individuals and/or businesses listed above to verify the information provided in this 4 application before, during, and/or after my tenancy; (2) obtain a copy of my consumer credit report; and (3) perform a background check.								
	5 I acknowledge being furnished copies of the Rental Agreement, Rules & Regulations, and if applicable, any Nonstandard Rental Provisions 5 I agree to sign the Rental Agreement, Rules & Regulations and Nonstandard Rental Provisions, if applicable, prior to taking occupancy of the unit								
77	I certify that all of the information p	rovided in this application	is true and accur	rate to the best of my knowledge.					
78				NOTE: A SECURITY DEPOSIT IS REQUIRED					
79 80	Signature of Applicant	Date		FROM EVERY TENANT AGAINST DAMAGE OR LOSS TO THE PREMISES AND THE					
81 82	Desired Move-In Date:			SECURITY DEPOSIT CANNOT BE USED FOR THE LAST MONTH'S RENT.					

83 **Please Note:** Landlord is using public records provided by a third party service to determine your eligibility to rent. Neither Landlord, nor 84 the third party service, can vouch for the accuracy of the records as they have no control over such records. It is the responsibility of the

85 applicant to check the accuracy of their own public records.