WISCONSIN RENTAL APPLICATION

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

6 7	Date Name of Lar	Proof of Identification is req	uired.					
8	UNIT INFORMATION (To be Completed by Landlord)							
9	Address	Unit No						
	onthly Rental Amount Security Deposit Amount							
11	Type of Tenancy (i.e. 12 month lease, month to month, etc.)							
	Utilities Included							
13	PERSONAL INFORMATION							
14	Applicant's Full Name		Date of Birth					
15	List any prior names that you have used:		LAST					
	Address							
18	City, State, Zip		Other Phone					
19	D.L. No	E-mail						
20	OTHER OCCUPANTS include full names.	RELATIONSHIP	DATE OF BIRTH	SOC. SEC. NO.				
23								
24	DENTAL LUCTORY							
25	Current Address	CITY	How Long?					
	Current Landlord							
27	Reason for Moving?		Current Rent Amount	/				
28								
29	Previous Address	CITY ST	How Long?					
30	Previous Landlord		Phone					
31	Reason for Moving?		Current Rent Amount	/				
32	E	MPLOYMENT H	ISTORY					
33	Current Employer		Starting Date					
34	Address		CITY	STATE ZIP				
	Job Title		OTT	SIAIE ZIP				
	Supervisor		Phone	(before deductions)				
37	Other Employer		Starting Date					
38	Address		CITY	STATE ZIP				
39	Job Title							
	Supervisor		Phone	(Delote deductions)				

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, pe							
48	Type	Name of Cr	editor	Account No				
49	Total Amount Owed	Monthly Pay	yment Amount					
50	Type	Name of Cr	editor	Account No				
51	Total Amount Owed	Monthly Pay	yment 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?							
59	Have you ever been evicted?	If yes, please p	provide circumstances:					
60								
61	Emergency Contact:							
62	Name		Phone	Relationship				
63	Address			CITY STATE ZIP				
				registered with the registry by contacting the ate.wi.us/public/ or by phone at 877-234-0085				
67	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.							
69	I enclose the sum of \$	(not to exceed \$20)	for the purpose of purcha	asing my consumer credit report.				
70	I understand that if I have misreprese	ented any information or	n this application that my	y application will be denied.				
	I authorize Landlord to do the following: (1) contact any individuals and/or businesses listed above and verify all of the information provided in this application before, during, and/or after my tenancy, and (2) obtain a copy of my consumer credit report.							
74				nd if applicable, any Nonstandard Rental Provisions. rovisions, if applicable, prior to taking occupancy of				
76	I certify that all of the information p	provided in this applica	tion is true and accurat	te to the best of my knowledge.				
77 78 79 80	Signature of Applicant	7	Date	NOTE: A SECURITY DEPOSIT IS REQUIRED FROM EVERY TENANT AGAINST DAMAGE OR LOSS TO THE PREMISES AND THE SECURITY DEPOSIT CANNOT BE USED FOR THE LAST MONTH'S BENT				

⁸² **Please Note:** Landlord is using public records provided by a third party service to determine your eligibility to rent. Neither Landlord, nor 83 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 84 applicant to check the accuracy of their own public records.