RESIDENTIAL RENTAL APPLICATION

(1 per applicant)

Return completed application to: Phil.Larsen@outlook.com

Type/Length: 1 year

Non-Refundable Fee: \$0

L&P Larsen Enterprises, LLC
Type: Apartment
Square Feet: N/A
Bedrooms: 1 and 2
Rent Amount: N/A/Month
Address: 1052 N Main St, River Falls, Wisconsin, 54022
Pets? No, some pets possible with non-refundable deposit
Smoking Allowed? No
Parking? Yes,
TENANCY

Start Date:			
LANDLORD'S DETAILS – L&P Larsen Enterprises, LLC			
Name: Phil Larsen			
Address: 1052 N MAIN ST, RIVER F	FALLS, Wisconsin, 54022		
Telephone : (612) 616-2700			
E-Mail: Phil.Larsen@outlook.com			
Will there be a Manager acting on behalf of the Landlord? No			
APPLICANT DETAI	LS		
First Name:	Last Name	Middle	
DOB:SSN:			
Driver's License No.	Phone:		
E-Mail:			
Other Occupants? ☐ Yes ☐ No			

If Yes, Describe:

Pets? □ Yes □ No
f Yes, Describe:
Vehicles? □ Yes □ No
f Yes, Describe:
Ever Been Convicted of a Crime? Yes No
f Yes, Describe:
Ever Filed for Bankruptcy? Yes No
f Yes, Describe:
Ever Been Evicted? Yes No
f Yes, Describe:
CURRENT EMPLOYMENT
Company: Occupation/Title:
How Long? Gross Income: \$ (From Prior Year Tax Filing
Street Address:

City:	State:	Supervisor:	
PREVIOUS EMP	PLOYMENT		
Company:	Occ	cupation/Title:	
How Long?	Gross Income:	\$)	
Street Address:			_
City:	State:	Supervisor:	
CURRENT RESI	DENCE		
Type (Apt, Home,	Condo):		
Bedrooms:	Rent Amount: \$	/Month	
Street Address:			_
City:	State:	Zip:	
How long at this A	ddress?	Current Lease Expiration Date:	
Desire for Moving	?		

CURRENT LANDLORD

Name:			
Address:			
Phone:	E-Mail:		
PREVIOUS R	ESIDENCE		
Type (Apt, Hon	ne, Condo):		
Bedrooms:	Rent Amount: \$	/Month	
Street Address:			
City:	State:	Zip:	
Start Date:	End Date:		
PREVIOUS L	ANDLORD		
Name:			
Address:			
Phone:	E-Mail:		

PREVIOUS RESIDENCE

Type (Apt, Hon	ne, Condo):	<u> </u>
Bedrooms:	Rent Amount: \$	/Month
Street Address:		
City:	State:	Zip:
Start Date:	End Date:	
PREVIOUS LA	ANDLORD	
Name:		
Address:		
Phone:	E-Mail:	
FINANCIAL I	NFORMATION	
Bank:	Account #	Routing #
Branch Location	n	Type: □ Checking □ Savings
Bank:	Account #	Routing #
Branch Location	n	Type: □ Checking □ Savings

Credit Card:	Card #			Limit: \$	
□ Visa □ MasterCard □	l Discover □ Amex	□ Diner	's Club		
Credit Card:	Card #	_		Limit: \$	
☐ Visa ☐ MasterCard ☐	l Discover □ Amex	□ Diner	's Club		
Credit Card:	Card #			Limit: \$	
□ Visa □ MasterCard □	l Discover □ Amex	□ Diner	's Club		
PERSONAL REFERE	NCES				
Full Name:		Relati	onship:		-
E-Mail:	I	Phone: _			
Full Name:		Relati	onship:		-
E-Mail:	I	Phone: _			
Full Name:		Relati	onship:		-
E-Mail:	I	Phone: _			

ADDITIONAL DETAILS (IF ANY)

application is true and correct. Applicant including but not limited to current and property applicant hereby authorizes owner/agent Telechecks, and/or Criminal Background personal references upon request. Application provided in the application may cause a description of the second request.	of age. Applicant represents that all information given on this hereby authorizes verification of all references and facts, evious landlords, employers, and personal references. to obtain any and all Unlawful Detainer, Credit Reports, Reports. Applicant agrees to furnish additional credit and/or not understands that incomplete or incorrect information elay in processing which may result in denial of tenancy. leases from liability any person providing or obtaining said
Applicant's Signature	Date