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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	onthly Rental Amount Security Deposit Amoun							
11	Type of Tenancy (i.e. 12 month lease, month to month,	pe of Tenancy (i.e. 12 month lease, month to month, etc.)							
12	Utilities Included								
13	PERSONAL INFORMATION								
14	Applicant's Full Name				Date of Birth				
15	List any prior names								
	that you have used:								
	AddressCity, State, Zip								
	D.L. No								
	OTHER OCCUPANTS include full names.	E-mail RELATIONSHIP			DATE OF BIRTH		SOC. SEC. NO.		
21									
24	DENTAL LICTORY								
25	Current Address				How Long?				
26	Current Landlord	CITY	STATE						
27	Reason for Moving?				Current Rent Amount		_/		
28									
29	Previous Address	CITY	STATE	7IP	How Long?				
	Previous Landlord			ZIP	Phone				
31	Reason for Moving?				Current Rent Amount		_/		
32		EMPLOYN	MENT HISTO	ORY					
33	Current Employer				Starting Date				
34	Address				CITY	STATE	7IP		
	Job Title								
36	Supervisor				Phone	(before de	eductions)		
	Other Employer								
38	Address				CITY	STATE	7IP		
39	Job Title								
40	Supervisor				Phone				

41	OTHER SOURCES OF INCOME										
42	List any additional income to be considered – verification required										
43											
CREDIT & FINANCIAL INFORMATION											
45	Bank		Account No	Account Type							
46	Bank		Account No	Account Type							
	Credit References (auto loans, p										
48	Type	Name of Cred	ditor	Account No							
49	Total Amount Owed Monthly Payment		nent Amount								
50	Type	Name of Cred	ditor	Account No							
51	Total Amount Owed										
52		OTHER	INFORMATIO	N							
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 a	nd how many?								
58	Do you own furniture? Do you smoke/vape? Have you ever been evicted?										
59	If yes, please provide circumstance	ces:									
60	Emergency Contact:										
61	Name		_ Phone	Relationship							
62	Address			CITY STATE ZIP							
				Relationship							
64	Address			CITY STATE ZIP							
66 67	Wisconsin Department of Correc The rental of this property is limited to	tions on the Internet at h the use and occupancy by tl	ttps://appsdoc.wi.g he individuals listed ab	s registered with the registry by contacting the pov/public or by phone at 608-240-5830. Ove 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.										
	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 application before, during, and/or after my tenancy; (2) obtain a copy of my consumer credit report; and (3) perform a background check.										
	I acknowledge being furnished copies of the Rental Agreement, Rules & Regulations, and if applicable, any Nonstandard Rental Provisions 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	provided in this application	on is true and accur	ate to the best of my knowledge.							
78 70				NOTE: A SECURITY DEPOSIT IS REQUIRED							
79 80	Signature of Applicant	Da	te	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.