APPLICATION FOR RESIDENCY

We subscribe to all Federal, State and Local Fair Housing Laws

This is <u>NOT</u> a lease or rental agreement.

Landlord: ____ Address: ____

Manager: _____ _____

Address: ____

Phone #: _____

Phone #: _____

UNIT INFORMATION

The undersigned hereby makes application to rent

__ Monthly Rent: _____ Lease Term: _____

_____ (Unit) located at _____

Security Deposit: _____

Credit & Background Check Fee (Non Refundable): _____ per/person

HOUSEHOLD INFORMATION

Each Adult Applicant Must Complete A Separate Application.

Complete the following information for each household member that will occupy the unit at the time of move-in and throughout the term of the rental agreement.

APPLICATION MUST BE COMPLETED IN FULL. FALSIFICATION OF INFORMATI UNDS FOR DENIAL

Name: First, Middle, Last	M/F	Social Security Number	Birthdate: Month/Day/Year

WHER	E CAN YOU	J BE REACHED?	Daytime Phone #:	Evening Ph	one #:		
VEO	NG		Email Address:				
YES	NO	1. Do you exp	ect any additions to the household	within the next 12 months? Name &	& Relationship:		
		2. Have you, o		application, ever been convicted of a	•		
		3. Do you hav		pets? Explanation:			
		4. Have you e	ver filed bankruptcy? Explanation:	:			
			APPLICANT'S	S RENTAL HISTORY			
DENT		ORY (For the		Have you ever refu		YES	NO
	AL HIST			Been evicted or ask			
1.	CURRE	NT ADDRESS	S				
				From:			
	Rent: _		Address:				
				Fax #:			
2.	PREVIC		S				
				From:			
	Rent: _		Address:				
	Phone #	:		Fax #:			
3.	PREVIC		S				
	Lanuioro	15 Name.		From:	То:		
	Rent: _		Address:				
	Phone #	:		Fax #:			

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EMERGENCY CONTACT INFORMATION

Neme			
Name:			
Address:			Phone #:
Email Address:		Relat	tionship:
	VEHICLE	INFORMA	TION
Vehicle: Make / Model / Yr / Color:			
Plate #:			
		· , · · · · · ·	
			Gross Monthly Income:
How long have you been employed here?	(Give Dates) From:	To:	Supervisor's Name:
Place of Employment:		Address:	
Phone #:	_ How many hours per week?		Gross Monthly Income:
How long have you been employed here?	(Give Dates) From:	To:	Supervisor's Name:
	APPLICANT'S OTH	ER SOURCE	
Will you be receiving any other income the public assistance, W-2, alimony, child sup If so, please provide the following informa	at you want considered with th port, savings, trust funds, sch	nis application (e.	g., Section 8 Rental Assistance, SSI, Social Security,
Source of Income (Name of Agency):			Amount of Income:
Address of Agency:			
Contact Person's Name:			Phone:
Source of Income (Name of Agency):			Amount of Income:
Address of Agency:			

Contact Person's Name:

Self Employed Applicants: If you are self employed you will need to provide the following information: Tax returns, business license, bank records and/or vendor names, with addresses and phone numbers for verification.

SIGNATURE CLAUSE

The purpose of this application is to determine whether I qualify as a tenant. If my application is approved, the Landlord and I shall sign a written rental agreement. I have no rental agreement prior to the time of the lease signing. I have paid the earnest money deposit, credit check fee and national criminal check fee indicated on this application. The earnest money deposit will be applied to my security deposit or my first month's rent if the Landlord enters into a lease or rental agreement with me. If this application is approved, and I fail to enter into a lease or rental agreement, the earnest money and any subsequent payments may be retained to compensate the Landlord's costs and damages, subject to the Landlord's duty to mitigate. If this application is rejected or withdrawn or if no action is taken by the end of <u>7</u> calendar days following receipt of the earnest money, the earnest money and any subsequent payments will be refunded by the end of the next business day. The credit and criminal background check fee are non-refundable. I hereby authorize the Landlord and Manager to investigate my credit and financial responsibility, income, rental, eviction history, criminal history, and the statements made in this application, and to obtain a consumer credit report on me from a consumer reporting agency that compiles and maintains files on consumers on a nationwide basis. My performance under any lease or rental agreement that I may enter into with the Landlord may be reported to such reporting agency. I acknowledge that the Manager and the agents and employees thereof represent the interests of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

I warrant and represent that I am at least 18 years of age and that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent on meeting management's resident selection criteria.

Signature

Phone:

NOTICE: You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the internet at http://offender.doc.state.wi.us/public/ or by phone at 877-234-0085.