

Application Form (One for each Adult)

PLEASE PRINT - ALL information must be completed. All blanks must be filled in.

YOUR PERSONAL INFORMATION (Each adult must fill out separate Application Form)

Full Name _____ Phone (____) _____

Driver's Lic # _____ Social Sec#: ____ - ____ - ____ Date of Birth: _____

Present Address _____

City _____ State: ____ Zip: ____ How Long? _____ Current Rent: \$ _____

Why are you leaving? _____

Landlord/mgr's name _____ Landlord Phone: (____) _____

Previous Address _____

City _____ State: ____ Zip: ____ How Long? _____ Current Rent: \$ _____

Why did you leave? _____

Landlord/mgr's name _____ Landlord Phone: (____) _____

Present Employer _____ Position: _____

Address _____ Phone: (____) _____

How Long? _____ Gross Monthly Income before deductions: \$ _____

Any other sources of Monthly Income? _____

Previous Employer _____ Position: _____

Address _____ Phone: (____) _____

How Long? _____ Gross Monthly Income before deductions: \$ _____

Why did you leave? _____

Have you ever been evicted? YES Date _____ City _____ NO

Have you ever refused to pay your rent? YES , Date _____: NO

Have you ever been convicted of a crime, other than a traffic violation? YES : NO

Have you ever had a foreclosure / short sale / bankruptcy? YES , Date/Type: _____: NO

Is Your Paycheck currently being garnished? YES , Monthly Amount \$: _____: NO

If yes to any above, explain: _____

Date of desired occupancy _____ Anticipated length of stay _____

Number of Adults: _____ Number of Children: _____ Number of Pets: _____

List all pets (Type/Breed): _____

The following information must be provided:

: Pay Stubs for Last Month

: Copy of Driver's License

: 2018 W-2(s) and Copies Income Tax Return

When will have money available for:

____/____/____ Deposit: Equal to 1 Month Rent

____/____/____ 1st Month Rent

I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, credit reports, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future.

Applicant's Authorization _____ Date _____

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://www.widocoffenders.org> or by phone at 877-234-0085.