



Return to: N8730 Garfield Road, Holmen, WI 54636
 Questions: P 608-385-6641

RENTAL APPLICATION

Applicant Information

Applicant

Name _____
 Social Security Number _____
 Phone Number _____
 Date of Birth _____
 Present Address: Own Rent _____ No. of Yrs.
 Street: _____
 City: _____ State: ___ ZIP: _____
 Current Monthly Rent/Mortgage Payment: _____
 If rented, Owner/Agent Name: _____
 Owner/Agent Phone: _____
 Reason for moving: _____

Co-Applicant

Name _____
 Social Security Number _____
 Phone Number _____
 Date of Birth _____
 Present Address: Own Rent _____ No. of Yrs.
 Street: _____
 City: _____ State: ___ ZIP: _____
 Current Monthly Rent/Mortgage Payment: _____
 If rented, Owner/Agent Name: _____
 Owner/Agent Phone: _____
 Reason for moving: _____

If residing at present address for less than two years, complete the following:

Former Address: Own Rent _____ No. of Yrs.
 Street: _____
 City: _____ State: ___ ZIP: _____
 Rent/Mortgage Payment: _____
 If rented, Owner/Agent Name: _____
 Owner/Agent Phone: _____
 Reason for leaving: _____

Former Address: Own Rent _____ No. of Yrs.
 Street: _____
 City: _____ State: ___ ZIP: _____
 Rent/Mortgage Payment: _____
 If rented, Owner/Agent Name: _____
 Owner/Agent Phone: _____
 Reason for leaving: _____

Employment Information

Applicant

Self Employed: Yes No
Employer Name _____
Employer Address: _____
City: _____ State: ___ ZIP: _____
Phone: _____
Position/Title _____
How long on this job: _____
Monthly Income: _____
Second Employer:
Self Employed: Yes No
Employer Name _____
Employer Address: _____
City: _____ State: ___ ZIP: _____
Phone: _____
Position/Title _____
How long on this job: _____
Monthly Income: _____
Non-Employment Monthly Income: _____
Non-Employment Income Source: _____

Co-Applicant

Self Employed: Yes No
Employer Name _____
Employer Address: _____
City: _____ State: ___ ZIP: _____
Phone: _____
Position/Title _____
How long on this job: _____
Monthly Income: _____
Second Employer:
Self Employed: Yes No
Employer Name _____
Employer Address: _____
City: _____ State: ___ ZIP: _____
Phone: _____
Position/Title _____
How long on this job: _____
Monthly Income: _____
Non-Employment Monthly Income: _____
Non-Employment Income Source: _____

If employed in current position(s) for less than two years or if currently employed in more than one position, complete the following:

Applicant

Self Employed: Yes No
Former Employer Name _____
Former Employer Address: _____
City: _____ State: ___ ZIP: _____
Phone: _____
Position/Title _____
How long on this job: _____

Co-Applicant

Self Employed: Yes No
Former Employer Name _____
Former Employer Address: _____
City: _____ State: ___ ZIP: _____
Phone: _____
Position/Title _____
How long on this job: _____

Declarations

	Applicant		Co-Applicant	
	Yes	No	Yes	No
a) Are there any outstanding judgements against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you had property foreclosed on or given title or deed in lieu in the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Are you presently in default or delinquent on any loan or rental obligation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have you ever been evicted from a rental residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Have you had two or more late rental payments in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Have you ever willfully or intentionally refused to pay rent when due?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Regarding anybody intending to live in the property

	Yes	No
i) Has anyone ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct?	<input type="checkbox"/>	<input type="checkbox"/>
j) Has anyone ever been convicted of or pleaded guilty or "no contest" to a felony?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "Yes" items from above:

Pets

Certain pets are allowed in the property. Certain pets intending to occupy the property must be up to date with vaccinations and licensing requires by the county/township. A monthly pet fee and signed agreement with Landlord's approval are required to keep pets on the property. Please describe all pets intended to occupy the property. Include type of each pet, breed of each pet, weight of each pet. For "mix breed" dogs, please indicate any assumed and all known breeds:

References

Personal Reference

Name: _____ Address _____
 Phone: _____ Relationship _____

Rental Reference

Name: _____ Address _____
 Phone: _____ Dates of rental period _____
 Address of rented location: _____

Additional Information

Please give any additional information that might help Landlord evaluate this application:

Where may we reach you to discuss this application?

Applicant Day Phone: _____

Co-Applicant Day Phone: _____

Applicant Night Phone: _____

Co-Applicant Night Phone: _____

Application Acknowledgement

I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

AUTHORIZATION-RELEASE OF INFORMATION: I authorize the release of income and employment history from my current and previous employers as well as rental history from my current and previous landlords. This release is valid for 1 year, unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one year, or as allowed by law.

The above information, to the best of my knowledge, is true and correct.

Applicant Signature

Co-Applicant Signature

Date

Date