

Date: _

RENTAL APPLICATION FOR: _____

P.O. Box 5076, Elm Grove, WI 53122

414-659-5013

Tenant Information (For each adult)			Date desired for occupancy:		
Name:			MI: Date of Birth:		
Address:					Zip:
Phone: Cell:	e:Cell:		DL#:		
Landlords Name:	_ Landlords Phone:	:	Tenant Since:	Amo	ount \$:
Previous Address:				Zip:	
Landlords Name:	_ Landlords Phone:	:	From/To:	Amount	\$:
Employer Information:					
Name:	_ Address:		Zip:	Phone:	
Start Date: Position:		Monthly NET PA	T PAY \$:		
Name:	_ Address:		Zip:	Phone:	
Start Date: Position:		Monthly NET PA	Y \$:		
Miscellaneous:			Other peopl	e to occupy unit	:
Do you have any pets?			Name:		
Ever filed bankruptcy?		_	SSN#:	Biri	thday:
Criminal record?		_	Name:		
Ever paid rent late?			SSN#:	Biri	thday:
Do you smoke?			Name:		
Ever been evicted?			SSN#:	Bir	thday:
Bank Reference:			Other sources of income*:		
			Amount monthly: \$		
Bank Name:			Source:	Confirmatio	n person:
Туре: Ассои	nt #:		Phone:		
How did you hear about us:			*You DO NOT have to reveal alimony, child support or spouse's annual income unless you want it considered in this application.		
Web Newspaper Flyer Sign	Friend Name		Other:		
Applicant warrants and represents that the info This constitutes an application for tenancy only discretion, will be chosen. No lease is created u	y. Several applications	s will be accepted a	and the best applica	int for the apartment and	the building, at Lessor's
Authorization: Applicant hereby authorize about the applicant) to provide such informati and/or applicant 's previous tenancies.			•	_	
Signature:		Signature	::		

FAX TO 262-293-3024