

1 **RENTAL**
2
3 **APPLICATION**
4
5

ONE APPLICATION FOR EACH ADULT APPLICANT (18 YEARS OF AGE OR OLDER).
You will be denied rental if you misrepresent any information on this application. If
misrepresentations are found after a rental agreement is signed, your rental agreement
will be terminated.
Proof of Identification is required.

6 Date: _____

7 **Unit Information**

8 Address: W S Lannon Drive Muskego, WI 53150 Unit No. #: _____
9 Monthly Rental Amount: _____ Security Deposit Amount: **\$1,000.00 + Pet Deposit if applicable**
10 Lease Terms: 1 Year *Please Make Checks Payable to **The View**
11 Utilities Included: Trash Collection

12 **Personal Information**

13 Applicant's Full Name: _____ Date of Birth: _____
14 Address: _____ Soc. Sec. No.: _____
15 City, State, Zip: _____ Home Phone: _____
16 D.L. No.: _____ Email: _____ Other Phone: _____

14	Other Residents (Relationship)	DATE OF BIRTH	SOC. SEC. NO.
18	_____	_____	_____
19	_____	_____	_____

21 **RENTAL HISTORY**

Have you ever failed to pay rent when due? Yes No
Have you ever been evicted? Yes No

22 Current Address: _____ How Long? _____
City State Zip
23 Current Landlord: _____ Phone: _____
24 Reason for Moving? _____ Current Rent Amount: _____
25 Previous Address: _____ How Long? _____
26 Previous Landlord: _____ Phone: _____
27 Reason for Moving? _____ Rent Amount: _____

28 **EMPLOYMENT HISTORY**

29 **Current Employer:** _____ Starting Date: _____
30 Address: _____
City State Zip
31 Job Title: _____ Gross Monthly Income: _____
Before Deductions
32 Supervisor: _____ Phone: _____
33 **Other Employment, Employer:** _____ Starting Date: _____
34 Address: _____
City State Zip
35 Job Title: _____ Gross Monthly Income: _____
Before Deductions
36 Supervisor: _____ Phone: _____

37 **OTHER SOURCES OF INCOME**

38 Sources of other income and average monthly amounts: _____

39 **CREDIT & FINANCIAL INFORMATION** **Have you ever filed for bankruptcy?** Yes No

40 Bank: _____ Address: _____ Account No.: _____ Account Type: _____

41 Bank: _____ Address: _____ Account No.: _____ Account Type: _____

42 Credit References (auto loans, personal loans, credit cards)

43 Type: _____ Name of Creditor: _____ Account No.: _____

44 Total Amount Owed: _____ Monthly Payment Amount: _____

45 Type: _____ Name of Creditor: _____ Account No.: _____

46 Total Amount Owed: _____ Monthly Payment Amount: _____

47 **OTHER INFORMATION** **Have you ever been charged or convicted of a felony?** Yes No

48 Automobiles and Other Vehicles

49 Make and Type: _____ Year: _____ Color: _____ Lic. No: _____

50 Make and Type: _____ Year: _____ Color: _____ Lic. No: _____

51 Make and Type: _____ Year: _____ Color: _____ Lic. No: _____

52 Do you have any pets? _____ If yes, what type and how many? _____

53 In case of personal emergency, notify:

54 Name: _____ Phone: _____ Relationship: _____

55 Address: _____

City State Zip

56 Name: _____ Phone: _____ Relationship: _____

57 Address: _____

City State Zip

58 I hereby apply for rental of premises described on the first page of this application.

59 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
60 the previous tenants security deposit.

61 I enclose herewith \$_____, which will be forfeited, as provided by law, if you accept this application, and I do not take
62 the unit. Said deposit to be returned to me if this application is not accepted. Said deposit to apply on the first month's rent if
63 consummated. I hereby certify that all statements made above are correct.

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

66 I certify that all of the information provided in this application is true and accurate to the best of my knowledge and that my rental agreement may
67 be terminated if I have made any false, misleading or incomplete statements in this application. I authorize verification of the information
68 provided in this application from my credit sources, current and prior landlords, employers and personal references.

69
70 I acknowledge being furnished copies of the Rental Agreement, Rules & Regulations, and if applicable, any Nonstandard Rental Provisions. I agree
71 to sign the completed Rental Agreement, Rules & Regulations and Nonstandard Rental Provisions, if applicable, prior to taking occupancy of the
72 unit.

73 **NOTE: A SECURITY DEPOSIT IS REQUIRED FROM EVERY TENANT AGAINST DAMAGE OR LOSS TO THE PREMISES, AND SAID SECURITY DEPOSIT
74 CANNOT BE USED FOR THE LAST MONTH'S RENT.**

75 **Please Note:** Landlord is using public records provided by a third party service to determine your eligibility to rent. Neither Landlord, nor the third
76 party service, can vouch for the accuracy of the records as they have no control over such records. It is the responsibility of the applicant to check
77 the accuracy of their own public records.

78 My rental of said premises is to be limited to use and occupancy by family of size and description above without any right on my part to sublet all
79 or any of said premises. I authorize you to contact any references that I have listed, before, during or after my tenancy.

80 _____

81 Signature of Applicant

Date



FOREST GREEN
Realty & Management

EMPLOYMENT VERIFICATION FORM

In order to speed up the application and verification process please feel free to submit a copy of your most recent check stub. A copy of your check stub can take the place of this verification form and help in processing your application in a timely fashion.

If a copy of your check stub is unavailable please take this form to your employer and/or supervisor for completion.

The following individual has completed an application for apartment/housing rental with Ener-Con Companies Inc. Your firm was listed as having currently employed this person. Your assistance in providing employment information will be greatly appreciated. Please verify or complete the following information. Thank You.

EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER _____

POSITION HELD _____

DATE(S) OF EMPLOYMENT _____

GROSS SALARY OR WAGE \$ _____ PER (circle one) MONTH WEEK HOUR*

(*If an hourly wage, please specify approximate number of hours worked weekly: _____ Hours)

OTHER/ADDITIONAL COMMENTS:

PRINT NAME OF AUTHORIZED PERSON: _____

SIGNATURE OF AUTHROZIED PERSON: _____

TITLE: _____

DATE: _____