



333 Buchner Pl. • La Crosse, WI 54603 • Phone: 608.785.2900 • Fax: 608.785.2915

Application for Residency

The undersigned hereby makes application to rent apartment _____ (Unit Number) located at: _____

Monthly Rent: _____ Lease Term: _____ Security deposit: _____

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 lease.

APPLICATION MUST BE COMPLETED IN FULL. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL.

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

WHERE CAN YOU BE REACHED? Daytime phone #: _____ Evening Phone #: _____

YES NO

_____ 1. Do you expect any additions to the household within the next 12 months? Name & Relationship: _____

_____ 2. Have you, or any other person named on this application, ever been convicted of a crime? Explanation: _____

_____ 3. Do you have or do you anticipate having any pets? Explanation: _____

Applicant's Rental History

Have you ever refused to pay rent?

YES

NO

(For the last _____ years)

Been evicted or asked to leave?

1. CURRENT ADDRESS

Rent: _____ From: _____ To: _____

Landlord's Name: _____ Address: _____

Phone #: _____ Fax #: _____

2. PREVIOUS ADDRESS

Rent: _____ From: _____ To: _____

Landlord's Name: _____ Address: _____

Phone #: _____ Fax #: _____

3. PREVIOUS ADDRESS

Rent: _____ From: _____ To: _____

Landlord's Name: _____ Address: _____

Phone #: _____ Fax #: _____

Emergency Contact

Name and Relationship: _____

Address: _____

Phone #: _____

Vehicle Information

Car # 1: Make / Model / Yr / Color: _____

Plate #: _____ Driver's License #: _____

Car # 2: Make / Model / Yr / Color: _____

Plate #: _____ Driver's License #: _____

Applicant's Income / Credit: *Please include all sources of income you would like considered in this application.*

Place of Employment: _____ Address: _____

How many hours per week? _____ Gross Monthly Income _____

How long have you been employed here? (Give Dates) From: _____ To: _____ Supervisor's Name: _____

Phone #: _____

Place of Employment: _____ Address: _____

How many hours per week? _____ Gross Monthly Income _____

How long have you been employed here? (Give Dates) From: _____ To: _____ Supervisor's Name: _____

Phone #: _____

Applicant's Credit References

Have you ever filed for bankruptcy?

Yes ____ No ____

Credit Reference	Address & Phone #	Type & Account Number

Other Sources of Income

Will you be receiving any other income that you want considered with this application (e.g., Section 8 Rental Assistance, SSI, Social Security, public assistance, W-2, alimony, child support, savings, trust funds, scholarships, or any other type of income)? If so, please provide the following information for verification.

<p>Source of Income (Name of Agency): _____</p> <p>Address of Agency: _____</p> <p>Contact Person's Name: _____ Phone #: _____</p> <p>Amount of Income _____</p> <p>Source of Income (Name of Agency): _____</p> <p>Address of Agency: _____</p> <p>Contact Person's Name: _____ Phone #: _____</p> <p>Amount of Income _____</p> <p>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.</p>
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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 lease. I have no rental agreement with the Landlord before the time of the lease signing.

I hereby authorize the Landlord and Manager to investigate my credit and financial responsibility, income, rental and eviction history, and the statements made in this application, and to obtain a consumer credit report on me from a consumer reporting agency that complies 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

Date

Signature

Date