

RENTAL APPLICATION

Old Orchard Apartments, LLC.
N81 W15085 Appleton Avenue (not a mailing address)
Menomonee Falls, WI 53051
Debbie (414) 839-6088

UNIT INFORMATION

The undersigned hereby makes application to rent apartment/unit/number _____
located at _____ Monthly rent \$ _____ Lease term _____
_ Earnest Money Paid \$ _____ _ Security Deposit \$ _____

APPLICANT'S INFORMATION (Each Co-Applicant must complete a separate rental application)

Full Name _____ Home Phone () _____
Date of Birth _____ Social Security No. _____ Cell Ph.() _____
Driver's License No. _____ Pets (No animals allowed at Old Orchard Apts.)
Automobile Information (Year/Make/ Model/Color) _____
Emergency Contact (Name & Phone No: _____

Names of Other Persons (Non-Applicants) to Occupy Unit	Social Security #	Birth Date
1.		
2.		
3.		

APPLICANT'S RENTAL HISTORY Have you ever failed to pay rent when due? Yes ___ No ___ Have you ever been evicted? Yes ___ No ___

RESIDENTIAL HISTORY FOR THE PAST 3 YEARS:

Current Address _____ Rent \$ _____
City _____ State _____ Zip _____
Since (date) _____ Landlord _____ Phone () _____
Reason for moving _____
Previous Address _____ Rent \$ _____
City _____ State _____ Zip _____
Since (date) _____ Landlord _____ Phone () _____

APPLICANT'S EMPLOYMENT INFORMATION

Present Employer _____ Address _____

City _____ State _____ Zip _____

Phone () _____ Start Date _____ Monthly Pay \$ _____ Position _____

Previous Employer _____ Address _____

City _____ State _____ Zip _____

Phone () _____ Start Date _____ Monthly Pay \$ _____ Position _____

OTHER SOURCES OF INCOME You do NOT have to reveal alimony, child support or spouse's annual income unless you want it considered in this application.

Amount	Source	Confirmation Person	Phone
1.			
2.			
3.			

APPLICANT'S CREDIT REFERENCES Have you ever filed for bankruptcy? Yes _____ No _____

Banks	City and State	Type (Checking, Savings, etc.)
1.		
2.		
3.		

Credit References: (Loans, Credit Cards, etc.)	Address and/or Phone Number
1.	
2.	
3.	

PLEASE READ THIS CAREFULLY AND SIGN THIS APPLICATION

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 or rental agreement. The Landlord and I have no rental agreement until the time of the lease or rental agreement signing. I have paid the earnest money deposit indicated on this application. The earnest money deposit will be applied to my security deposit or my first month's rent if the Landlord enters into a lease or rental agreement with me. If this application is approved, and I fail to enter into a lease or rental agreement, the earnest money and any subsequent payments will be retained to compensate the Landlord's costs and damages subject to the Landlord's duty to mitigate. The earnest money and any subsequent payments will be refunded to me within three business days if: (1) this application is rejected, or withdrawn before approval; or (2) if the Landlord takes no action on the application by the end of the 21st day following the Landlord's receipt of the earnest money. I hereby authorize the Landlord or 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. 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 interest of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing laws, and to disclose material adverse facts about the property.

I was given the opportunity to review a sample lease and the Landlord's rules and regulations. I warrant and represent that I am at least 18 years of age and that all statements herein are true and correct, to the best of my knowledge.

Notice: You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Correction on the internet <http://widocoffenders.org> or by phone at 877-234-0085

Signature of Applicant _____ Date _____