

PROPERTY MANAGEMENT

Rental Application

- Each adult applicant (18 years of age or older) must complete an application.
- Incomplete applications will not be considered.
- Your application will be denied if you misrepresent any
- information in this application.
- Please print legibly.
- Proof of identification is required.

Applicant Information								
First Name: Middle Int:		Last Name:						
Date of birth:	SSN:		Phone:		E-ma	ull:		
Current address: Landlord Name & Phone:								
City: State:			ZIP Code					
Own Rent (Pleas	e circle)	Monthly payment or rent:				From:	То:	
Previous address: Landlord Name & Phone:								
City: State:			Zip Code:					
Owned Rented (Pleas	e circle)	Monthly payment or rent:				From:	To:	
Previous address: Landlord Name & Phone:								
City:	ty: State:				ZIP Code:			
Owned Rented (Pleas	e circle)	Monthly payment or rent:				From:	To:	
Employment Information								
Current employer:								
Employer address: To:								
Phone: E-mail:			Fax:					
City: State:				ZIP Code:				
Position: Hourly Salary (Pleas			e circle)	Monthly income:				
Previous employer:								
Employer address:				From:	To:			
Phone: E-mail:			Fax:					
City: State:			ZIP Code:					
Position:		Hourly Salary (Pleas	e circle)	Monthly in	come:			
Other Sources of	ncome							
Amount: \$			Source:					
Amount: \$			Source:					

Emergency Contact									
Name of a person not residing with you:									
Address:									
City:	City: State:				ode:	Phone:			
Relationship:									
Other Occupants (include full names)									
Name:									
Relationship:		Date of Birth:			SSN:				
Name:									
Relationship:	Relationship:		Date of Birth:			SSN:			
Name:									
Relationship:		Date of Birth:			SSN:				
Credit & Financial Informatio	on	_							
Bank:		Account Type:	Account Type:			Balance:			
Bank:		Account Type:			Balance:				
Vehicle Information				1					
Make and Type: Y		Year: Color:		License Number:					
Make and Type:		/ear: Color:		Licer	License Number:				
Other Information									
Do you have any pets?		If yes, what type	and how many?						
Have you ever been evicted? If yes, please explain:									
Have you ever been convicted of a felony? If yes, please explain:									
Have you ever served in the military? If yes, what is your current status?									
How did you hear about us? (Please circle) Website Craigslist Referral Sign Chamber Other:									
References									
Name:		Address:				Phone:			
I acknowledge the information provided herein is true and correct to the best of my knowledge. I hereby authorize Real Estate Management Solutions, LLC to use the information provided for the purposes of conducting a credit and criminal background check, and verifying rental history and employment.									
NOTE: A SECURITY DEPOSIT IS REQUIRED FROM EVERY TENENT AGAINST DAMAGE OR LOSS TO THE PREMISES AND THE SECURITY DEPOSIT CANNOT BE USED FOR THE LAST MONTH'S RENT.									
NOTICE: You may obtain information about sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the Internet at http://offender.doc.state.wi.us/public/ or by phone at 877-234-0085.									

Signature of applicant:	Date:			
Signature of co-applicant:	Date:			
Please Note: Landlord is using public records provided by a third party service to determine your eligibility to rept. Neither Landlord				

Please Note: Landlord is using public records provided by a third party service to determine your eligibility to rent. Neither Landlord, nor the third 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 the accuracy of their own public records.

Authorization for Release of Information

Consent

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to and verify my application.

Information Covered

I understand that, depending on application policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquires that may be requested, include but are not limited to:

Identity and Marital Statues Credit and Criminal Activity Employment, Income and Assets Residences and Rental Activity

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for one year and one month form the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature

Signature

Print Name

Date

Please send applications to:

Real Estate Management Solutions 201 8th Avenue Baraboo, WI 53913