

RENTAL APPLICATION

**ONE APPLICATION
FOR EACH
ADULT APPLICANT
(18 YEARS OF AGE OR OLDER)**

DATE _____

PLEASE RETURN TO:

**P.O. Box 320154
Franklin, Wisconsin 53132
Phone: 414-940-9450 or 414-640-7002
Email: info@now-renting.com
Web: www.now-renting.com**

All information on the front and back of this application must be completed in full. You will be denied rental if you misrepresent any information on this application. If misrepresentations are found after an occupancy agreement is signed, your occupancy agreement can and will be terminated.

PERSONAL INFORMATION

Name: First _____ Middle Initial ____ Last _____ Date of Birth _____

Soc. Sec. No. _____ Drivers License No. _____ Exp. _____

Present Address _____ City _____ State _____ Zip _____

Your Phone _____ E-mail _____ Present Landlord's Phone _____

Landlord's Name _____ Address _____

Reason for Moving _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlord's Name _____ Previous Landlord's Phone _____

Reason for Moving _____

OTHER RESIDENT NAMES AND BIRTH DATES _____

(Do not include any applicant filling out application)

EMPLOYMENT INFORMATION

Present Employer _____ Starting Date _____

Address _____ City _____ State _____ Zip _____

Position Held _____ Monthly Income _____

Supervisor's Name _____ Phone _____

[] Previous [] Other Employment, Employer _____ Starting Date _____

Address _____ City _____ State _____ Zip _____

Position Held _____ Monthly Income _____

Supervisor's Name _____ Phone _____

OTHER INFORMATION

Do you have pets? _____ If yes, please list _____

Do you have a: Vacuum Cleaner _____ Refrigerator _____ Range _____ Washer _____ Dryer _____ Mower _____

Have you ever been evicted or asked to move? _____ If yes, please explain _____

Have you ever been convicted of a felony? _____ If yes, please explain _____

Bank Reference _____ Type of Account _____

Do you have: Auto Loan _____ Personal Loan _____ Credit Card Balance _____ Other _____

If yes, please list monthly payments _____

How will you pay the rent? Personal Check _____ Money Order _____ Other _____

In case of emergency, notify _____
(Do not list anyone who will live at this premise)

Address _____

City _____ State _____ Zip _____ Phone _____

Is there any work that you feel should be done before you can move into this premises? _____

If yes, please explain _____

Please acknowledge by signing, this is a **NON-SMOKING BUILDING** and smoking is not allowed ANYWHERE or at any time within this building. Signature of applicant(s): _____

Be advised that there will be a complete screening and record check done on all adults applying to live on this premise. All information must be completed in full. **Term of rental is Sixty (60) Day Notice, beginning with the first day of the month, with a "Shall Not Vacate" clause October 1 through March 30.** Property may not be sublet. A sixty day written notice on or before the first day of the month is required to vacate in addition to meeting all other terms of the contract. Monthly rent for this premise is due and payable by the first day of each month in the amount of \$ _____. All utilities are tenant's responsibility. _____% the water utility bill will be billed to you quarterly. A security deposit of \$ _____ is required to cover damage or loss to premise and cannot be used as last month's rent. If occupancy is for more than one adult, security will not be returned until all persons vacate. **An additional fee of \$ _____ is required prior to taking residence for carpet cleaning costs after terminating tenancy. This fee is NON-REFUNDABLE and WILL NOT BE RETURNED even if carpets appear to be clean.**

Address of premise _____

By signing, applicant authorizes landlord to contact any reference listed.

Signature of applicant _____ Date _____

Comments for landlord use only _____