Holstein Property Management 927 Fairfax Street Altoona, WI 54720 715-834-2201 (P) 715-834-1363 (F) www.fischerrealty.org

Rental Application

Rental Address applying for:	
Rental Amount:	

Household Information

Social Security Numbers are required for anyone applying older than 18. Anyone living in the unit must be listed.

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Applicant: First	 Middle	Last	Date of Birth:	Social Security Number:`
				Have you ever been Evicted?
Home Phone:	Work	K:	Cell:	<u>Last 5 Counties lived in:</u>
Email Address (required	l)			
0.4.11			D. CD. d	
Co- Applicant: First	 Middle	Last	_ Date of Birth:	Social Security Number:`
Current Address:				Have you ever been Evicted?
Home Phone:	Worl	κ:	Cell:	Last 5 Counties lived in:
Email Address (required	d)			
Co- Applicant:			Date of Birth:	Social Security Number:`
First Current Address:	Middle			Have you ever been Evicted?
Home Phone:	Work	:	Cell:	<u>Last 5 Counties lived in:</u>
Email Address (required)			
	any pets? If Yes			If Yes, explain
We require rent does n		f applicants' gross	s income.	
Applicant:				Monthly Income \$
Primary Income Source:			_ Address:	
Employed From:	To:	Supervisor's Name	:	Phone:
Additional Income Source	:e:			Phone:
Co-Applicant:				Monthly Income \$
Primary Income Source:			_ Address:	
Employed From:	To:	Supervisor's Name	:	Phone:
Additional Income Source	:e:			Phone:

Rental History

We require two rental references or one rental reference for a tenancy of 2 or more years. If you do not meet these criteria, we will require a local co-signer.

Applicant:			
Current Address:		Rental Amount: \$	
Utilities included:	Landlord's Name:	Phone:	
Previous Address:		Rental Amount: \$	
Utilities included:	Landlord's Name:	Phone:	
Co-Applicant:			
Current Address:		Rental Amount: \$	-
Utilities included:	Landlord's Name:	Phone:	
Previous Address:		Rental Amount: \$	
Utilities included:	Landlord's Name:	Phone:	
Emergency Contact I	nformation:		
We require information on two eme			
Applicant Emergency Contacts:			
Name & Relationship:	Phone:	Complete Address:	
Name & Relationship:	Phone:	Complete Address:	
Co-Applicant Emergency Contacts:			
Name & Relationship:	Phone:	Complete Address:	
Name & Relationship:	Phone:	Complete Address:	
Signature Clause: All a	oplicants 18 years or older must si	gn application or it can not be processed.	
I, the undersigned, hereby acknowled including the information listed on the being relied upon in application process.	ge that I have read and understand this application, is true and correct. I dessing and are a pre-condition to appli	this application, and all information that has bunderstand that all application information and roval by the landlord. Any false statements or lease signed pursuant to this application.	nd materials are
ords checks, financial reference invest I understand and acknowledge that \boldsymbol{r}	tigations, and to obtain and rely on c my performance under any lease agre- te management to obtain my credit re	uployment verification, criminal background cl redit agency reports for the purpose of processi ement I may enter into with the landlord may eport for the purpose of collecting any amounts	ing this application. be reported to such
The purpose of this application is to of I shall sign a written lease. I have no		lifies as a tenant. If the application is approved before the time of lease signing.	l the Landlord and
I hereby authorize the Landlord to in statements made in this application.	vestigate my credit and financial res	ponsibility, income, court, rental and eviction	history, and the
		erests of the Landlord, but that they also have erial adverse facts about the property.	a duty to treat all
complete to the best of my knowledge	e. I understand that providing false in that such action may result in crimin	all information and answers to the above quest information or making false statements may be al penalties. I understand that my occupancy	grounds for denial
Signature:	Print Name:	Date:	
Signature:	Print Name:	Date:	

NOTICE RELATING TO AVAILABILITY OF INFORMATION RELATING TO THE SEX OFFENDER REGISTRY