



Choose Aftercare Tenant Referral Form

Prospective Resident Name _____ Date of Birth _____

Current Address _____ Phone Number _____

Employed Y ___ N ___ If so, where _____

Sex Offender Y ___ N ___

Currently on Probation Y ___ N ___ Agent Name _____ Phone Number _____

Open Criminal Cases Y ___ N ___ If so, what County _____

Anticipated Move in Date if accepted _____

Ability to pay a minimum of one week's rent(\$115) Y ___ N ___

Referring Person's Name _____

Relation to Referral (relative, friend, self, probation agent or other professional) _____

Referring Person contact information(phone number or email) _____

Please email completed referral to Mike Klotz, manager, at michaelhklotz@gmail.com or contact him at 715-450-1146 Monday-Friday 8:30 a.m.-5:00 p.m..

Thank you for your interest in Choose Aftercare residency.