

REPORT REQUEST FORM

# CBC AmRent

Name of Requestor: Stacy Curiel

Client/Customer Name: Sunset Investors Phone: 414-529-8352 Fax: 414-529-7454  
Address: 10535 W. College Ave., Franklin WI 53132

Return Options: Fax Back  Mail Back  Rush  (Additional Charge)

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(Please select either package OR A-la-Carte products)

Packages:

- Rent Checkers Package (includes credit report, evictions, OFAC and authentication report)
- Rent Checkers PLUS Package (includes above and multi-state criminal and sex offender data)

A-la-Carte Products:

- Full Credit Report with Authentication and OFAC
- Criminal and Sex Offender Records Only
- Eviction Report Only

Manual Reference Checks:

- Landlord Reference Check
- Employment Reference Check

(Applicant please include complete City, State, and Zip Code) PRINT ONLY:

Applicant Name: \_\_\_\_\_ DOB: (required) \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_ CITY ST ZIP

Current Landlord's Name/Phone Number: \_\_\_\_\_

Former Address: \_\_\_\_\_

Employer Name/Phone Number: \_\_\_\_\_

(IF joint report, please give co-applicant information)

Co-Applicant Name: \_\_\_\_\_ DOB: (required) \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_ CITY ST ZIP

Current Landlord's Name/Phone Number: \_\_\_\_\_

Former Address: \_\_\_\_\_

Employer Name/Phone Number: \_\_\_\_\_

I authorize SUNSET INVESTORS to obtain a copy any/all consumer reports requested above.  
(Name of Company)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



# RENTAL APPLICATION

LANDLORD: Sunset Investors Plankinton, LLC  
Address: 10535 W. College Ave, Franklin WI 53132  
Telephone: (414) 529-8352

MANAGER: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**UNIT INFORMATION** **This is NOT a lease or a rental agreement.**

The Undersigned hereby makes application to rent apartment / Unit / number \_\_\_\_\_ located at 161 W. Wisconsin Ave  
Milwaukee Monthly rent \$ \_\_\_\_\_ Lease term 1 year

Earnest Money Paid \$ \_\_\_\_\_  Credit Check Fee \$ \_\_\_\_\_  Security Deposit \$ \_\_\_\_\_

**APPLICANT INFORMATION** [Each Co-Applicant (named tenant) must complete a separate *Rental Application* ]

Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Work Phone \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
\_\_\_\_\_ Pets to Occupy Unit (Number and Kind) \_\_\_\_\_

Names of Other Persons (Non-Applicants) to Occupy Unit:	Social Security Number:	Birth date if Under 18:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**APPLICANT'S RENTAL HISTORY** Have you ever failed to pay rent when due?  Yes  No  
[For the last 3 years] Have you ever been evicted?  Yes  No

CURRENT ADDRESS \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Since (date) \_\_\_\_\_ Landlord \_\_\_\_\_ Phone \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ Rent \$ \_\_\_\_\_  
How long? \_\_\_\_\_ Landlord \_\_\_\_\_ Phone \_\_\_\_\_

**APPLICANT'S EMPLOYER & INCOME**

PRESENT EMPLOYER \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Since (date) \_\_\_\_\_ Monthly Pay \$ \_\_\_\_\_ Position \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ How long? \_\_\_\_\_ 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.			

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

Banks:	City & State:	Type & Number of Account:
1.		
2.		
Credit References:	Address and/or Phone:	
1.		
2.		

COMMENTS: \_\_\_\_\_

**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 that the lease or written rental agreement is signed.

I have paid the earnest money deposit and credit report fee 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 may 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 by the end of the next business day if: (1) this application is rejected, or withdrawn before approval; or (2) if the Landlord takes no action on this application by the end of the 21st day following the Landlord's receipt of the earnest money. The credit report fee is nonrefundable.

I hereby authorize the Landlord and 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 that compiles and maintains files on consumers on a nationwide basis. 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 interests of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

I was given the opportunity to review a sample lease or rental agreement, 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 Corrections on the Internet at <http://www.widocoffenders.org> or by phone at 877-234-0085.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY		Date Received _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Income:	<input type="checkbox"/>	Credit Report:	<input type="checkbox"/>
Evictions:	<input type="checkbox"/>	Rental History:	<input type="checkbox"/>
Other:	<input type="checkbox"/>	References:	<input type="checkbox"/>
			Notified: _____