

QUALITY RENTAL PROPERTIES, LLC
S2924 Sunridge Drive, Spencer, Wisconsin 54479
Phone: Will (715) 615-0437 Melanie (715) 613-2872

RENTAL APPLICATION

(One application for each applicant 18 years of age or older)

DATE _____

All information on the front and back of this application must be completed.

You will be denied rental if you misrepresent any information on this application. If Landlord discovers any misrepresentations after a rental agreement is signed, your rental agreement will be terminated.

PERSONAL INFORMATION

Applicant's Name _____ **Date of Birth** _____
Driver's License # _____ **Social Security #** _____
Current Address _____
Current telephone _____ **Cell Phone** _____

NAMES OF PERSONS TO OCCUPY PREMISES:

- 1. _____ **Age** _____ **Date of Birth** _____
- 2. _____ **Age** _____ **Date of Birth** _____
- 3. _____ **Age** _____ **Date of Birth** _____
- 4. _____ **Age** _____ **Date of Birth** _____

RESIDENT'S HISTORY

Present Landlord _____ **Landlord Phone** _____
Present Address _____ **How long** _____ **Rent** _____
Reason for moving _____
Previous Landlord, if less than 1 year _____ **Landlord Phone** _____
Previous Address _____ **How long** _____ **Rent** _____
Reason for moving _____

EMPLOYMENT

Employed By _____ **Start date** _____ **Phone** _____
Address _____
Position _____ **Monthly income** _____
Immediate Supervisor _____ **Phone** _____
Employed By _____ **Start date** _____ **Phone** _____
Address _____
Position _____ **Monthly income** _____
Immediate Supervisor _____ **Phone** _____

OTHER SOURCES OF INCOME

CREDIT REFERENCES

Bank _____ Type of Account _____

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Credit References (auto loans, personal loans, credit cards)

1. _____ Monthly Payment _____

2. _____ Monthly Payment _____

3. _____ Monthly Payment _____

OTHER INFORMATION

Car (make, model & year) _____ License # _____

In Case of Emergency, contact:

Name _____ Phone _____ Relationship _____

Address _____

Name _____ Phone _____ Relationship _____

Address _____

I hereby apply for rental of premises described as: _____

Date Required _____

I enclose the sum of \$ _____ (not to exceed \$20) which is a non-refundable fee for a Consumer Credit Report.

The Fair Credit Reporting Act, Public Law 91-508, requires that we notify you that as a part of our normal procedure, a routine inquiry may be made.

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://www.widocoffenders.org> or by phone at 877-234-0085.

My rental of said premises is to be limited to use and occupancy by those persons identified above without any right on my part to sublet all or any part of said premises or permit additional tenants to occupy said premises.

Applicant's Signature: _____ Date _____

Owner/Agent's Signature _____ Date _____

NOTE: A SECURITY DEPOSIT IS REQUIRED FROM EVERY TENANT AGAINST DAMAGE OR LOSS TO THE PREMISES OR BREACH OF THE LEASE, AND SAID SECURITY DEPOSIT CANNOT BE USED FOR THE LAST MONTH'S RENT.