## STANDARD RENTAL APPLICATION

## PLEASE PRINT CLEARLY AND FILL OUT ALL THE SPACES

Which property are you interested in?

241 W. Johnson St. 287	W. Johnson St.   629 Cemetery Rd. (1, 2, 3)  circle # of bedrooms	
The undersigned makes application to rer	nt unit number beginning	
Name of Applicant:	Age: D.O.B:/ /	
	Number of Dependents: Ages:	
	Phone #(work):	
Other Applicant Name(s):		
	How Long Have You Know Each Other?:	
Current Address:	Owned	
City:	State: Zip:	
Owner or Agent(if applicable):	Phone #:	
Previous Address (if less than 2 years):	☐ Owned ☐ Rented	
City:	State: Zip:	
Owner or Agent (if applicable):	Phone #:	
Current Employer:	Gross Salary: per	
Job Title:	# of Years Worked:	
Supervisor:	Phone #:	
Address:	City: State: Zip:	
2nd Employer(if applicable):	Gross Salary: per	
Job Title:	# of Years Worked:	
Supervisor:	Phone #:	
Address:	City: State: Zip:	
Car Information	Emergency Contact	
Make: Yr	Name:	
License #: Color:	Relationship:	
Driver's License #:		

Have you ever: filed for bankruptcy? been evicted?	_refused to pay rent?
Do you have any court ordered financial obligations such as child s	support, alimony, and writs of
restitution? Do you have any open judgments?	If yes to any of these, please
explain in detail below.	
Pet Information (if applicable)	
Do you have any pets? Cat(s): How Many?	Dog(s): How Many?
Breed: Weight:	
I certify that the above information is correct and complete. You a	•
source, any information you desire relative to this application. I ar	
responsible. All applications are subject to owners' approval. Upon	
and pet deposit (if applicable) of \$ (one months i	
lease signing, and the first months rent and pet fee of \$	is due prior to getting keys
and move-in.	
APPLICANT SIGNATURE:	DATE: / /
OWNER SIGNATURE:	DATE: / /

## LANDLORD INFORMATION

629 Building

Bonnie Anderson Ph: (715) 338-1949

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287 Building

Kegan Meyer Ph: (715) 760-0084

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241 Building

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