

## GENERAL APPLICATION GUIDELINES

Age	Primary applicants must be 18 years of age minimum, and screened individually.
Income	Total monthly household income must be verifiable and at least the amount of three times the monthly rent.
Housing	Negative housing/rental history may be grounds for denial. Previous landlord financial judgment may be cause for denial.
Criminal	Felony convictions may be grounds for denial.
Credit	A negative credit history may be grounds for denial. A double or triple security deposit may be required based on credit risk score.

### Maximum number of occupants:

Efficiency	2 persons
1-Bedroom	2 persons
2-Bedroom	4 persons
3-Bedroom	6 persons



### Application for Apartment Occupancy Agreement

You will be denied rental if you misrepresent any information on this application. If misrepresentation are found after a rental agreement is signed, your rental agreement will be terminated.

Date: \_\_\_\_\_ Name of Landlord: \_\_\_\_\_

#### UNIT INFORMATION (to be completed by Landlord)

Community Name: \_\_\_\_\_

Building Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Monthly Rental Amount \$ \_\_\_\_\_ Expected Move-in Date: \_\_\_\_\_

Utilities Included: \_\_\_\_\_

Type of Tenancy: \_\_\_\_\_ (i.e. 12 month lease, Month to Month)

Security Deposit Amount \$ \_\_\_\_\_ Paid  Check # \_\_\_\_\_ Date: \_\_\_\_\_

Consumer Credit Report Fee \$ \_\_\_\_\_ Paid  Check # \_\_\_\_\_ Date: \_\_\_\_\_

*The consumer credit report fee is non-refundable should this application for rental be accepted or not.*

Complete Legal Name of First Applicant	Birth Date	Driver's License #	Social Security #
1)			- - - - -
Present Address		Apt#	Home Phone
City	State	Zip code	How Long?
Present Management or Mortgage Co.		Monthly Payment	Phone
----- Previous Address		Apt. #	-----
City	State	Zip Code	How Long?
Previous Management or Mortgage Co.		Monthly Payment	Phone

Source of Income (If employed, list employer name) First Applicant			
Employer	Annual Salary	Position	Phone
Address		Supervisor's Name	Dates
Previous Employer		Phone	Dates
Address		Reason for Leaving	
----- Employer	----- Annual Salary	----- Position	----- Phone
----- Address		----- Supervisor's Name	----- Dates
----- Previous Employer		----- Phone	----- Dates
----- Address		----- Reason for Leaving	
Additional Sources of Income			
Source			Amount
Source			Amount
References			
Name of nearest relative		Address	Phone
In case of emergency contact		Address	Phone



Complete Legal Name of Second Applicant		Birth Date	Driver's License #	Social Security #
2)				_____ - _____ - _____
Present Address			Apt#	Home Phone
City		State	Zip code	How Long?
Present Management or Mortgage Co.			Monthly Payment	Phone
----- Previous Address			Apt. #	
City		State	Zip Code	How Long?
Previous Management or Mortgage Co.			Monthly Payment	Phone

Source of Income (If employed, list employer name) Second Applicant				
Employer		Annual Salary	Position	Phone
Address			Supervisor's Name	Dates
Previous Employer			Phone	Dates
Address			Reason for Leaving	
----- Employer		Annual Salary	Position	Phone
Address			Supervisor's Name	Dates
Previous Employer			Phone	Dates
Address			Reason for Leaving	
Additional Sources of Income				
Source			Amount	
Source			Amount	
References				
Name of nearest relative			Address	Phone
In case of emergency contact			Address	Phone

List Additional Occupants (Names)	Relationship	Age



Auto(s)			
Make & Model	Year	License Plate #	Color
Make & Model	Year	License Plate #	Color
Make & Model	Year	License Plate #	Color
Make & Model	Year	License Plate #	Color
Pet(s)			
Type	Breed	Color	Name
Type	Breed	Color	Name

**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 family of size and description above without any right on my part to sublet all or any of said premises.

*I certify that all of the information provided in this application is true and accurate to the best of my knowledge and that my tenancy may be terminated if I have made any false, misleading or incomplete statements in this application. I authorize verification of the information provided in this application from my credit sources, current and prior landlords, employers and personal references.*

*I acknowledge being furnished copies of the Rental Agreement, Rules and Regulations, and if applicable, any Nonstandard Rental provisions. I agree to sign the completed Rental Agreement, Rules & Regulations, and if applicable, and Nonstandard Rental Provisions, if applicable, prior to taking occupancy of the unit. Failure to provide proof of renter's insurance will result in a \$10 additional rent charge per month.*

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

**Please Note:** Landlord is using public records provided by a third party service to determine your eligibility to rent. Neither Landlord, nor the third party service, can vouch for the accuracy of the records as they have no control over such records. It is the responsibility of the applicant to check the accuracy of their own public records.

**Signature Applicant #1** \_\_\_\_\_

**Date** \_\_\_\_\_

**Applicant #1 Name (please print)** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Signature Applicant #2** \_\_\_\_\_

**Date** \_\_\_\_\_

**Applicant #2 Name (please print)** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_



### RESIDENT CONSENT (CRIMINAL HISTORY)

The undersigned applicant(s) and co-signers consent to allow Greywolf Partners, Inc., itself or through its designated agents or employees, to obtain a consumer report and criminal record information of each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease and apartment to me/us. We also agree and understand that the owner and its agents and employees may obtain additional consumer reports and criminal record reports on each of us in the future to update or review our account. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

Signature Applicant #1 \_\_\_\_\_

Date \_\_\_\_\_

Applicant #1 Name (please print) \_\_\_\_\_

Signature Applicant #2 \_\_\_\_\_

Date \_\_\_\_\_

Applicant #2 Name (please print) \_\_\_\_\_



**REQUEST FOR EMPLOYMENT VERIFICATION**

Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release his/her employment information. Your assistance in providing employment information is sincerely appreciated.

**APPLICANT'S AUTHORIZATION FOR THIS INQUIRY:**  
*I hereby consent to the release of my employment information.*

Employee Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

Rate of pay: \_\_\_\_\_

Frequency of pay:     Weekly     Bi-Weekly     Monthly     Other \_\_\_\_\_

Date of hire: \_\_\_\_\_

Position: \_\_\_\_\_

Full Time     Part Time     Temporary

Number of hours (if part time): \_\_\_\_\_

End Date (If applicable): \_\_\_\_\_

Name of person verifying: \_\_\_\_\_

Position of person verifying: \_\_\_\_\_

Date of verification: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Request submitted by:

\_\_\_\_\_  
Name  
Phone:  
Fax:

\_\_\_\_\_  
Date

### REQUEST FOR RENTAL VERIFICATION

\_\_\_\_\_ has/have applied for an apartment at our community.

The applicant, by his/her signature below, has authorized you to release his/her rental information. Your assistance in providing rental history information is sincerely appreciated.

APPLICANT'S AUTHORIZATION FOR THIS INQUIRY:  
*I hereby consent to the release of my rental history information.*

Applicant Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### TO BE COMPLETED BY LANDLORD/ LANDLORD'S REPRESENTATIVE:

Full Address: \_\_\_\_\_

Dates of residency: \_\_\_\_\_ through \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Number of residents: \_\_\_\_\_ Number of pets: \_\_\_\_\_

Number of late payments: \_\_\_\_\_ Number of NSF's: \_\_\_\_\_

Current balance due: \_\_\_\_\_

Was proper notice given?  Yes  No

Was/ will full deposit be returned?  Yes  No

Describe any lease violations or evictions filed: \_\_\_\_\_

\_\_\_\_\_

Name of person verifying: \_\_\_\_\_

Position of person verifying: \_\_\_\_\_

Date of verification: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Request submitted by:

\_\_\_\_\_  
Name  
Phone:

\_\_\_\_\_  
Date



Fax:

### Notice of Municipal Code Violation

#### Tampering or Removal or Smoke Detector or CO Detector (if applicable)

Please be advised that per Municipal Code you are required to have a functional smoke detector & CO detector in your apartment. You may not remove or disable the detectors. During your residency, removed or disabled detectors will be considered a lease violation. If it is discovered that you have removed or damaged a detector you will be charged \$25 per detector.

Signature Applicant #1 \_\_\_\_\_

Date \_\_\_\_\_

Applicant #1 Name (please print) \_\_\_\_\_

Signature Applicant #2 \_\_\_\_\_

Date \_\_\_\_\_

Applicant #2 Name (please print) \_\_\_\_\_