SWANSON PROPERTIES 4111 STEWART AVE

WAUSAU, W1. 54401

PHONE: 715-848-0200 FAX: 715-848-0100

RENTAL APPLICATION ONE APPLICATION FOR EACH DATE ADULT APPLICANT (18 YEARS OF AGE OR OLDER) ALL INFORMATION ON THE FRONT AND BACK OF THIS APPLICATION MUST BE COMPLETED. YOU WILL DENIED IF: YOU MISREPRESENT ANY INFORMATION ON THIS APPLICATION. IF MISREPRESENTATIONS ARE FOUND AFTER A RENTAL AGREEMENT IS SIGNED. YOUR RENTAL AGREEMENT WILL BE TERMINATED PERSONAL INFORMATION APPLICANTS NAME ______MI____DATE OF BIRTH ____ OTHER NAMES USED IN THE LAST 5 YEARS ? ___ SOC. SEC. # _____ DRIVERS LIC.# _____ STATE _____ PHONE NUMBER _____ E-MAIL ADDRESS _____ **OTHER RESIDENTS** S.S.# DOB **RESIDENTS HISTORY** PRESENT ADDRESS_____ CITY/ST/ZIP_____ HOW LONG PRESENT LANDLORD ______PHONE _____ REASON FOR MOVING RENT (COMPLETE IF LESS THEN 1 YEAR AT PRESENT ADDRESS) PREVIOUS ADDRESS ______ HOW LONG_____ PREVIOUS LANDLORD ______PHONE _____ REASON FOR MOVING _____ _ RENT __ EMPLOYMENT INFORMATION EMPLOYER _____STARTING DATE_____ POSITION HELD MONTHLY INCOME _____PHONE _____ SUPERVISOR OTHER EMPLOYMENT: EMPLOYER ADDRESS CITY STARTING DATE

POSITION HELD MONTHLY INCOME

SUPERVISOR		PHONE		
Where did you hear abou	<u>ıt us:</u>			
☐ ApartmentConnextion ☐ Apa	artments.com □ C	craigslist □ Google	Other	
	CREDIT RE	<u>FERENCES</u>		
BANK	TYPE OF ACCOUNT			
BANK	TYPE OF ACCOUNT			
CREDIT REFERENCES (AUTO LOAN	NS, PERSONAL LOAN	S, CREDIT CARDS)		
		MONTHLY PAY	MENT	
	MONTHLY PAYMENT		MENT	
		MONTHLY PAYMENT		
	OTHER INFO	ORMATION		
AUTOMOBILES AND OTHER VEHIC MAKE AND TYPE		COLOR	LIC.NO	
MAKE AND TYPE	YEAR	COLOR	LIC. NO	
DO YOU HAVE PETS ?	TY	PE/BREED	HOW MANY	
IN CASE OF EMERGENCY NOTIFY	*	RELATIONSHIP		
ADDRESS	(CITY/ZIP	PHONE	
*MUST BE A FAMII	LY MEMBER			
I HEREBY APPLY FOR RENTAL OF	PREMISES DESCRIBI	ED AS:		
	Γ	DATE REQUIRED		
MY RENTAL OF SAID PREMISES IS DESCRPTION ABOVE WITHOUT AN HAVE YOU EVER BEEN EVICTED?	NY RIGHT ON MY PA NO YESDATE_	RT TO SUBLET ALL OR	ANY OF SAID PREMISES.	
I ENCLOSE HEREWITH \$ 100.00, WI APPLICATION, AND I DO NOT TAK RENT IF CONSUMMATED. BY SIGN THEIR CUSTOMARY CRIMINAL AN CREDIT REPORTING ACT, PUBLC I	E THE APARTMENT ING THIS APPLICATED CREDIT BACKGROLAW 91-508. I HEREBY fee is to be paid prior to	SAID DEPOSIT TO APPL ION I AUTHORIZE SWA DUND CHECKS ON ME;	Y ON THE FIRST MONTH'S NSON PROPERTIES TO DO PURSUANT TO THE FAIR TATEMENTS MADE ABOVE plication	
	EAST \$100.00 DOWN	TO HOLD AN APARTM	MENT *	
	MILY OUT OR ANY E LISTED			
* MUST HAVE AT L LIMITED TO USE AND OCCUPANCY BY FAI OF SIZE AND DESCRIPTION ABOVE WITHO ANY RIGHT ON MY PART TO SUBLET ALL OF OF SAID PREMISES. I AUTHORIZE YOU TO CONTACT ANY REFERENCES THAT I HAVE DO A CREDIT AND FULL BACKGROUND CHECK AS NECESSARY. A \$10.00 CHARGE I	MILY OUT OR ANY E LISTED IS REQUIRED	SIGNATURE OF APPLIC	EANT DATI	

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