

APPLICATION FOR RENTAL

Faircrest Management LLC

1741 Commercial Ave.

(608) 240-8840 / email nan@faircrest.com

Address Applying for: \_\_\_\_\_ Rent: \_\_\_\_\_ Deposit \_\_\_\_\_

Move In Date: \_\_\_\_\_ Lease Exp. \_\_\_\_\_ Pets: \_\_\_\_\_

Special Terms/Conditions/Renovations: \_\_\_\_\_

**Each adult applicant must complete an application. A readable and clear copy of a State issued ID or State issued drivers license must accompany each adult application.**

All information requested below must be provided in order to process the application. Applicants are entitled to review the lease, rules & regulations, previous tenant damages, & other forms as may be required by law for occupancy with written permission. Information on sexual predators may be obtained at www.widcoffenders.org, & in signing this form attests that this information has been provided to their satisfaction. The Fair Credit Reporting Act, Public Law 91-508, requires that we notify you that as a part of our normal procedure, routine inquiries will be made to provide information concerning character, general reputation & style of living. Upon written request, the nature and scope of any report, if one is made, will be provided. Please circle your name if you wish to receive notification of reasons for non-acceptance.

FULL NAME (S) INCLUDING MIDDLE INITIAL(S) OF PERSON (S) TO OCCUPY APARTMENT: All occupants must be listed:

- 1. \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_
- 2. \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_
- 3. \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_
- 4. \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

THREE (3) YEARS RENTAL HISTORY IS REQUIRED FOR APPROVAL. Please use backside of this form if necessary.

Present Address \_\_\_\_\_ Street, Apt. #, City State, Zip \_\_\_\_\_ Rent \_\_\_\_\_

Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_ Landlords' Name & Telephone Number \_\_\_\_\_ ( )

Previous Address \_\_\_\_\_ Street, Apt #, City State, Zip \_\_\_\_\_

Date In: \_\_\_\_\_ Date Out \_\_\_\_\_ Landlords' Names & Telephone Number \_\_\_\_\_ ( )

Employer: \_\_\_\_\_ Position \_\_\_\_\_ Length of Time Held \_\_\_\_\_

Employer Address & Telephone Number \_\_\_\_\_ ( )

2<sup>nd</sup> Employer Information \_\_\_\_\_

Employer Address & Telephone Number \_\_\_\_\_ ( )

CREDIT REFERENCES: Please provide Name Address & Telephone Number

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Bank Reference: Bank Name \_\_\_\_\_ Checking Acct # \_\_\_\_\_ Saving Acct # \_\_\_\_\_

Vehicle & Driver Registration: Make / Year / Color / License Plate # / License Expiration \_\_\_\_\_ Driver License # \_\_\_\_\_

In Case of EMERGENCY, contact the following Family Member: \_\_\_\_\_ Name / Relationship \_\_\_\_\_

Street Address, Apt #, City, State, Zip, \_\_\_\_\_ Telephone # \_\_\_\_\_

A receipt in the sum of \$ 85 per adult applicant is hereby acknowledged. This amount will be returned to the undersigned if the application is not accepted. If accepted, this sum will first be applied to the first months rent. If the applicant refuses to sign the lease after this application has been approved, OR does not take occupancy, they forfeit this amount for application processing, & advertising costs. In signing this form, the applicant attests that they have never been evicted, or declared bankruptcy and understand that falsification of any information is reasonable cause to reject applicant. Applicant further understands that this form is NOT a rental agreement or contract. *Faxed application will not be accepted.*

Applicants' Signature \_\_\_\_\_ Telephone # \_\_\_\_\_ Date: \_\_\_\_\_

Applicants' Email Address \_\_\_\_\_