

RENTAL APPLICATION

COMPLETELY FILL OUT ONE APPLICATION FOR EACH ADULT APPLICANT (18 YEARS OF AGE OR OLDER).

You will be denied rental if you misrepresent any information on this application. If misrepresentations are found after a rental agreement is signed, your rental agreement may be terminated at Landlord's discretion. Deliver this completed form (one for each adult applicant) along with copies of your last year's **W-2 forms**, a copy of your latest **paycheck stub** and a check for at least **\$25.00** per adult for earnest money to Miller Home Rentals L.L.C., P.O. Box 227, Franksville, WI 53126. (262) 835-9736

PERSONAL INFORMATION

Applicant's Name _____ Maiden Name _____ Date of Birth _____

Address _____ Soc. Sec. No. _____

City, State, Zip _____ Phone _____

Driver's License No. _____ Email _____

OTHER RESIDENTS NAMES (Relationship)

DATE OF BIRTH

SOC. SEC. NO.

OTHER RESIDENTS NAMES (Relationship)	DATE OF BIRTH	SOC. SEC. NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RENTAL HISTORY

Current Address _____ From _____ to _____
CITY STATE ZIP

Current Landlord _____ Phone _____

Reason for Moving _____ Rent Amount _____

Previous Address _____ From _____ to _____
CITY STATE ZIP

Previous Landlord _____ Phone _____

Reason for Moving _____ Rent Amount _____

Previous Address _____ From _____ to _____
CITY STATE ZIP

Previous Landlord _____ Phone _____

Reason for Moving _____ Rent Amount _____

EMPLOYMENT HISTORY

Current Employer _____ Starting Date _____

Address _____
CITY STATE ZIP

Position Held _____ Gross Monthly Income _____

Supervisor _____ Phone _____

Other Employment, Employer _____ Starting Date _____

Address _____
CITY STATE ZIP

Position Held _____ Gross Monthly Income _____

Supervisor _____ Phone _____

OTHER SOURCES OF INCOME

Average monthly amounts of other income and sources _____

CREDIT & FINANCIAL INFORMATION

List all loans, credit cards, and debts you have including support payments. If you need more room attach another sheet of paper.

Name of Creditor _____ Total amount owed _____ Monthly payment _____

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OTHER INFORMATION

List all Automobiles, Other Vehicles and Trailers that would be stored on the property.

Make and Type _____ Year _____ Color _____ Lic. No. _____

Make and Type _____ Year _____ Color _____ Lic. No. _____

Make and Type _____ Year _____ Color _____ Lic. No. _____

Have you or any other person on this application been convicted of any illegal activity? (explain) _____

Have you ever been evicted? _____ If so, when? _____

Do you have any pets? _____ If yes, what type and how many? _____

How many people in your household smoke? _____ Are you a U.S. citizen? _____

Do you own a vacuum cleaner? _____ Do you own a lawn mower? _____

In case of personal emergency, notify:

Name _____ Phone _____ Relationship _____

Address _____
CITY STATE ZIP

I hereby apply for rental of premises described as: _____

_____ Date you would like to take occupancy _____

One Year Lease - Monthly Rental \$ _____ Security Deposit \$ _____

I enclose herewith \$ _____, (minimum of \$25.00 per adult applicant) which will be forfeited, as provided by law, if you accept this application, and I do not take the unit (within 48 hours of acceptance) or if I have falsified any information on this application. Said deposit to be returned if this application is not accepted. Said deposit to apply to security deposit if consummated. My earnest money may be held for up to 21 days while I am being considered for this rental unit. I certify that all of the information provided in this application is true to the best of my knowledge and that my rental agreement may be terminated if I have made any false or incomplete statements in the application.

The applicant acknowledges being furnished copies of the Residential Lease, Rules & Regulations and Nonstandard Rental Provisions for inspection. The applicant agrees to sign the completed Lease, Rules & Regulations and Nonstandard Rental Provisions and pay the security deposit within 48 hours of notification of acceptance and before taking occupancy of the premises. I authorize verification of the information provided in this application from my credit sources, credit reporting agencies, current & previous landlords, employers & personal references.

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 authorize you to contact any references that I have listed, before, during or after my tenancy.

Signature of Applicant

Date

NOTICE: You may obtain information about sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections at <http://offender.doc.state.wi.us/public/> or at 1-877-234-0085.

NOTE: A security deposit is required from every tenant against damage or loss to the premises, and said security deposit **cannot** be used for the last month's rent.



MILLER RENTALS L.L.C.

P.O. Box 227 • Franksville, WI 53126 • (262) 835-9736

Employer Verification

filled out by employee

I authorize (Name of Employer) _____ (Supervisor) _____
to release the following information about my employment to Miller Home Rentals L.L.C.

Print Name (Employee): _____

Signature: _____

Social Security Number: _____

Today's Date: _____

Please fill out this form and fax to (877) 290-8793 or mail to:
Miller Home Rentals, L.L.C.
P.O. Box 227
Franksville, WI 53126

filled out by employer

Beginning Date of Employment: _____

Monthly Wages or Salary: _____

What is the likelihood of this employee's continued employment? _____

Any personal reference: _____

Print Name of Person Completing Form (Employer) _____

Signature _____ Date: _____



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Rental History Verification

filled out by tenant

To: (Name of Landlord) _____ (Landlord's Phone #) _____
 (Address of Landlord) _____ (City, State, Zip) _____

Please release the following information to Miller Home Rentals L.L.C. in reference to my tenancy at
 (Rental Address) _____ (City, State, Zip) _____
 from (dates) _____ to _____. If you have a question about this
 you can reach me at (tenant's phone#) _____
 (Tenant's Signature) _____ (Date) _____

Please fill out this form and fax to (877) 290-8793 or mail to:
 Miller Home Rentals, L.L.C.
 P.O. Box 227
 Franksville, WI 53126

filled out by landlord

Beginning Date of Tenancy: _____ Ending Date of Tenancy: _____
 Amount of Monthly Rent: \$ _____ Did this tenant pay the rent on time? _____
 # of times late and how many days late _____
 Did this tenant keep the apartment clean and in good condition? _____
 Were there any damages done? (explain) _____

 Were there any complaints about this tenant or tenant's family or guests? (explain) _____

 Was this tenant evicted? _____ Did this tenant leave on good terms? _____
 Was any money from the security deposit not returned? _____ \$ _____
 Does this tenant owe you money? _____
 If given the opportunity would you rent to this tenant again? _____

 Any personal reference you would like to give: _____

Landlord's Signature: _____
 Date: _____