

# 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 \_\_\_\_\_ Home Phone \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Other Phone \_\_\_\_\_

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.



**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: \_\_\_\_\_