The Equity Group, Inc. P.O. Box 150 Elm Grove, WI 53122

## $\begin{array}{c} Rental \ Application \\ \square \quad Month \ to \ Month \ or \end{array}$

For a term of \_\_\_\_\_ Months, Beginning

On \_\_\_\_\_ and continuing to \_\_\_\_\_

Date of Application:	Date of Occupancy:		
Property Address:			Unit #:
Mr. Applicant Mrs.			# of Occ:
Ms. (Please Print) Last	First	Middl	
Social Security #:	-	Date of Birth: _	
Email Address:		Phone #:	
Present Address:			
Present Landlord:			(City, State, Zip)
Present Landlord:(Name) Previous Address:	(City, State, Zip)		(Phone)
Present Landlord:			(City, State, Zip)
(Name)	(City, State, Zip)		(Phone)
Source of Income Name:	How Long:		
Source of Income Address:	Phone:		
Additional Source of Income:			
Occupation:			gs Per Month:
Car (Make, Model): License I	ate#: Driver's License:		
Emergency Contact: Name (First, Last)			
	(Relationship		(Address & Phone)
Rent Includes: (Items not checked are not included)	App	olication Fee: \$	
Monthly Rent: \$	Range:		Parking:
Monthly Pet Fee: \$	Refrigerator:		Electricity/Phone/Internet: NO
Storage Locker: \$	A/C:		Keys:
Security Deposit: \$	Other:		Apt. Door:
Pet Deposit: \$	Carpeting:		Mailbox:
Only Full Payment of deposit holds apartment.	Heat:		Basement:
Balance Due Prior to Occupancy: \$	Water:	Hot Cold	Garage:
THE APPLICANT HAS READ ALL RULES AND REGULA OF THIS RENTAL APPLICATION AND AGREEMENT. AP	PLICATION WILL N	NOT BE ACCEPTED WI	THOUT SIGNATURE. APPLICANT CONSENTS TO
OWNER OBTAINING A CREDIT CHECK THROUGH A CH			
ABOVE INFORMATION. IF OWNER IS USING PUBLIC R			,
THEY OR THE SERVICE CANNOT VOUCH FOR THE AC			
THAT ALL INFORMATION SUPPLIED IS TRUE AND COI			
Have you ever been evicted or asked to move? NO/YES If yes Have you ever been convicted of a sexual offense? NO/YES If	f ves explain:		
Have you ever had bedbugs? NO/YES If yes, explain:			
Special Provisions:			
-r			

Applicant Signature:

Date:

\_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

The Equity Group, Owner's Agent

