

RENTAL APPLICATION
(Co-Tenants must file separate application)

Date of Occupancy _____ Garage-Yes ___ No ___ Garage Rent _____
Terms of Occupancy _____ Security Deposit \$ _____ Deposit on Account _____
Balance Due Upon Acceptance \$ _____

PERSONAL INFORMATION

Full Name _____ Date of Birth _____ Social Security Number _____
Drivers License Number _____ Home Phone _____
Make of Car _____ License Number _____
Present Address _____ How Long? _____
City, State, ZIP _____
Previous Address _____ How Long? _____
Previous Landlord _____
Name Address

Employed by _____ How Long? _____
Job Description _____ Company Work Phone _____
Spouse's Name _____ Social Security Number _____
Spouse Employed By _____ How Long _____ Salary per Week \$ _____
Job Description _____ Company Work Phone _____

Children's Name	Ages	Names of Others Who Will Reside with Applicants
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List Credit References:

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Bank _____

In Case of Emergency Notify: _____
Address _____ Phone _____

Have you ever been convicted? Yes _____ No _____

Number of motor vehicles which will be parked on premises by applicant and persons who will reside with applicant _____

How did you select our apartment? Drive by _____ Referral _____ Newspaper _____

If newspaper, which paper? _____ How many other apartments did you look at? _____

What prompted you to choose ours? _____

If this application is not accepted by the management within three(3) days from the date hereof, the deposit will be refunded. If accepted all monies paid herein will be retained by management toward security deposit. The foregoing information is supplied to the management to rent to me, and is true and correct in all respects, and I authorize verification of information and references.

Mailing Address _____ Apt No. _____ Apt. Rent _____

given. I also authorize a credit check to be done.

Accepted by Management:

By _____ Applicant _____
Date _____ Date _____

Received For Management By _____ (Mgr.) _____

ABBEY WAY APARTMENTS, LLC.

Make checks payable to:

ABBEY WAY APARTMENTS, LLC

Rent check should be placed in:

Apartment 616 # 3 Lock Box

Delavan, WI 53115

I authorize Abbey Way Apartments LLC, to
perform a credit and criminal background check.

Sign Here: _____

Date: _____