

KRIS KOHLMAN PROPERTY MANAGEMENT, LLC

RENTAL APPLICATION

THIS IS NOT A LEASE OR A RENTAL AGREEMENT.

DATE: _____

ALL INFORMATION ON THIS APPLICATION MUST BE COMPLETED. 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 WILL BE TERMINATED.

ALL PERSONS 18 AND OVER PLANNING TO OCCUPY THIS PREMISE MUST FILL OUT THE RENTAL APPLICATION.

HOW MANY PEOPLE WILL OCCUPY THIS PREMISE: _____ ADULTS _____ CHILDREN.

1. APPLICANT'S NAME: _____
First Name M.I. Last Name

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER: _____ STATE _____

HOME PHONE #: (_____) _____ CELLULAR PHONE#: (_____) _____

2. APPLICANT'S NAME _____
First Name M.I. Last Name

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE _____

HOME PHONE #: (_____) _____ CELLULAR PHONE #: (_____) _____

3. APPLICANT'S NAME _____
First Name M.I. Last Name

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE _____

HOME PHONE #: (_____) _____ CELLULAR PHONE #: (_____) _____

APPLICANT'S RENTAL REFERENCES
(FOR THE LAST 3 YEARS)

1. CURRENT ADDRESS: _____
Street Address City State Zip

SINCE: _____ MO. _____ YRS. PROPERTY MANAGER: _____

PHONE#: (_____) _____ RENT PAID: \$ _____ /MONTH

WERE UTILITIES INCLUDED: **YES OR NO** (CIRCLE ONE) REASON FOR VACATING? _____

APPLICANT'S RENTAL REFERENCE CONTINUED:

2. CURRENT ADDRESS: _____
Street Address City State Zip
SINCE: _____ MO. _____ YRS. PROPERTY MANAGER: _____
PHONE#: (____) _____ RENT PAID: \$ _____ /MONTH
WERE UTILITIES INCLUDED: **YES OR NO** (CIRCLE ONE) REASON FOR VACATING? _____

3. CURRENT ADDRESS: _____
Street Address City State Zip
SINCE: _____ MO. _____ YRS. PROPERTY MANAGER: _____
PHONE#: (____) _____ RENT PAID: \$ _____ /MONTH
WERE UTILITIES INCLUDED: **YES OR NO** (CIRCLE ONE) REASON FOR VACATING? _____

EMPLOYMENT INFORMATION

1. EMPLOYMENT: _____
ADDRESS: _____
Street Address City State Zip
HOW LONG EMPLOYED: _____ MO _____ YRS. POSITION: _____
MONTHLY SALARY: \$ _____
PHONE #: (____) _____ SUPERVISOR: _____

2. EMPLOYMENT: _____
ADDRESS: _____
Street Address City State Zip
HOW LONG EMPLOYED: _____ MO _____ YRS. POSITION: _____
MONTHLY SALARY: \$ _____
PHONE #: (____) _____ SUPERVISOR: _____

3. EMPLOYMENT: _____
ADDRESS: _____
Street Address City State Zip
HOW LONG EMPLOYED: _____ MO _____ YRS. POSITION: _____
MONTHLY SALARY: \$ _____
PHONE #: (____) _____ SUPERVISOR: _____

ARE YOU CURRENTLY ON ACTIVE DUTY AT THIS TIME
WITH THE UNITED STATES MILITARY OR NATIONAL GUARD? YES _____ OR NO _____

OTHER SOURCES OF INCOME?

(You do not have to reveal alimony, child support or spouse's annual income unless you want it considered in the application.)

AMOUNT: \$ _____ SOURCE: _____

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AMOUNT: \$ _____ SOURCE: _____

AUTOMOBILE TO BE KEPT ON THE PREMISES:

YEAR: _____ MAKE: _____ MODEL: _____ PLATE #: _____

YEAR: _____ MAKE: _____ MODEL: _____ PLATE #: _____

YEAR: _____ MAKE: _____ MODEL: _____ PLATE #: _____

DO YOU HAVE ANY PETS? **YES OR NO (CIRCLE ONE)** IF YES, WHAT KIND OF PET _____

NOTE: AN ADDITIONAL \$25.00 PER MONTH FOR ANY PET(S) KEPT ON PREMISES. LIMIT 2 PETS

NO EXCEPTIONS! TENANTS MUST PROVIDE PROOF OF RENTERS INSURANCE WITHIN THIRTY (30) DAYS OF MOVE-IN SHOWING THAT THE PET IS COVERED.

DOGS OF THE FOLLOWING BREEDS ARE UNACCEPTABLE: PIT BULL, ROTTWEILER, AKITA, CHOW CHOW, DOBERMAN PINCHER, GERMAN SHEPARD, HUSKIE, MALAMUTE, PRESA CANARIO AND AMERICAN STAFFORDSHIRE TERRIER OR ANY TYPE OF WOLF-DOG HYBRID. ANY MIXED BREED INVOLVING ONE OR MORE OF THE ABOVE.

WILL YOU BE PLACING A WATERBED IN THE RENTAL UNIT? **YES OR NO (CIRCLE ONE)**

WILL YOU BE PLACING A FISH TANK IN THE RENTAL UNIT? **YES OR NO (CIRCLE ONE)**

NOTE: IF MARKED YES TO A WATERBED OR FISH TANK AND HAS BEEN APPROVED BY PROPERTY MANAGER, PROOF OF RENTERS INSURANCE MUST BE PROVIDED THAT THE WATERBED OR FISH TANK WILL BE COVERED WILL BE NECESSARY AT LEASE SIGNING.

EMERGENCY CONTACT

1. NAME: _____ RELATIONSHIP: _____

PHONE: (____) _____ CELLULAR PHONE #: (____) _____

2. NAME: _____ RELATIONSHIP: _____

PHONE: (____) _____ CELLULAR PHONE: (____) _____

3. NAME: _____ RELATIONSHIP: _____

PHONE: (____) _____ CELLULAR PHONE #: (____) _____

NOTICE ABOUT SEX OFFENDER REGISTRY: YOU MAY OBTAIN INFORMATION ABOUT THE SEX OFFENDER REGISTRY AND PERSONS REGISTERED WITH THE REGISTRY BY CONTACTING THE WISCONSIN DEPARTMENT OF CORRECTIONS ON THE INTERNET AT <http://www.widocoffenders.org> OR BY TELEPHONE AT (608) 240-5380.

DATE AVAILABLE TO MOVE IN? _____

PLEASE INDICATE WHICH RENTAL IS OF INTEREST: _____

LEASE TERM: MONTH TO MONTH, SIX-MONTH, TWELVE-MONTH (CIRCLE ONE)

PLEASE READ!!!!

The purpose of this application is to determine whether I qualify as a tenant. If my application is approved, the Property Manager and I shall sign a written lease or rental agreement. The Landlord and I have no rental agreement until the time that the lease or written rental agreement is signed.

I hereby authorize the Landlord or Property Manager to investigate my credit and financial responsibility, or income, rental and eviction history and the statements made in this application, and to obtain a consumer credit report on me from a consumer reporting agency that compiles and maintains files on consumers on a nationwide basis. My performance under any lease or rental agreement that I may enter into with the Landlord may be reported at such a reporting agency.

I acknowledge that the manner and agents and employees represent the interest of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing laws and to disclose material adverse facts about the property.

I here with deposit \$ _____, which I will forfeit if KKPM, LLC accepts this application and I do not take the rental. If KKPM, LLC does not accept the rentals application the deposit will be used to pay for the credit report, up to \$20.00 per applicant.

DO YOU WISH TO RECEIVE A WRITTEN EXPLANATION OF THE DENIAL OF TENANCY?

YES OR NO (CIRCLE ONE)

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Signature of Co-Signer: _____ Date: _____

Please return the completed application to:

Kris Kohlman Property Management, LLC
731 Water Street | Sauk City | WI 53583
Office (608) 643-2494 | 1-877-643-2494 | Fax (608) 644-9060
Email: kriskohlman@checkrentals.com | website: www.checkrentals.com

How did you hear about the rental? Advertisement: ___ Website: ___ Referral: ___ Sign: ___ other: ___
(Please check one.)

For office use only:

Date Received: _____ Application Fee: _____

Income: _____

Evictions: _____

Credit Report: _____

Rental History: _____

References: _____

Other: _____

Accepted: _____ Denied: _____

Notified: _____