

Coulee Development, Inc

N15526 Delaney Rd. Trempealeau, WI. 54661
Phone: 608-539-2050 Fax: 608-539-2064

RENTAL APPLICATION Equal Housing Opportunity

I, _____ hereby makes an application to rent the following property:
(Name)

(Check appropriate items):

Apartment Rental

_____ 2-Bedroom @ \$550 per mo.

_____ 12' x 22' Resident garage @ \$25 per mo.

* *Free on-street Parking*

Storage Units

_____ 5'x10' Storage Unit @ \$35 per mo.

_____ 10'x10' Storgae Unit @ \$65 per mo.

_____ 10' x 20' Storage Unit @ \$120 per mo.

Anticipated move date of _____ with the total monthly lease cost of \$ _____ and security deposit (Equal to First Months Rent) of \$ _____.

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home/Cell Phone () _____
Date of Birth _____ Social Security # (optional) _____
Email Address: _____ (optional) Other Phone () _____
Co-Applicant Name _____ Names of Dependents _____
Co-Applicant Date of Birth _____ Social Security (Optional) # _____
Dependents Date of Birth _____
List All Pets _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____ City _____ State _____ Zip _____
Month/Year Moved In _____ Reasons for Leaving _____ Rent \$ _____
Owner/Agent _____ Phone () _____
Previous Address (last 3 years) _____ Rent \$ _____
Owner/Agent _____ Phone () _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____
Have you ever been evicted from a rental residence? Yes _____ No _____
Have you had two or more late rental payments in the past year? Yes _____ No _____
Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed _____
Employer _____
Dates employed _____ Employed as _____
Supervisor Name _____ Phone () _____
Salary \$ _____ per _____. (If employed by above less than 12 months, give name & phone of previous employer or school: _____.)
If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source/Contact Name _____

PLEASE LIST YOUR REFERENCES

Personal Reference or Emergency Contact:

Name _____ Address _____
Phone _____ Relationship _____

Driver's License:

Your Driver's License Number _____ State _____

Vehicle (s) Information:

Make / Model _____ Year _____ License Plate State _____

Make / Model _____ Year _____ License Plate State _____

ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # () _____ Night Phone # () _____

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

The above information, to the best of my knowledge, is true and correct.

Please sign: X _____
Name of Applicant Date

**AUTHORIZATION
Release of Information**

I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner/manager.

Name (please print)

X _____
Signature Date

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Received by _____ Date _____

OFFICE NOTES: