## Wisconsin

## MIDWEST REALTY MANAGEMENT, INC. RENTAL APPLICATION

Date of Application A	partment #	Date	Needed		
Security Deposit Paid					
1. A. Applicant's Name				**************************************	
B. Occupant's Name				<u> </u>	
C. Occupant's Name			Phone (	<ul> <li>A. A. A</li></ul>	
D. Occupant's Name					
		***********	*****	*********	********
2. Please give us all of the information on the last place you		. 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13		* * * * * * * * * * * * * * * * * * *	
Present Address					
If Renting, Landlord	· · · · · ·	Landiord's Prione (	)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Dates Lived There	*******	_ Reniai Amount <u>ə</u>	******	******	******
3. Please give us your employment information or sources		Desition			
Applicant's Employer		Employer's Phone (			
Dates of Employment Other Source of Income					
Vehicle Information: Year Type					
State Color			_ 1 1416		
Please give us your personal reference in case of an err					
	• •				
Full NameAddress	City State 9	7in			
Phone (					
6. Do you currently have a pet? Type					
Have you ever lived in a Midwest Realty apartment com	-				
If Yes, Where?	•				
8. Have you ever been evicted from an apartment commur	nity? Yes I				
If Yes, Explain					
9. Have you ever been convicted of a felony? Yes	_ No Are	you a registered sex off	ender? Yes	No	
I understand and certify that the information given herein is for the confidential					
this rental application or evict any person from the premises because of misrep to sign the Lease form as prescribed by Landlord. I further acknowledge th costs and damages incurred because of my failure to enter into a Lease, Application and deposit will be returned in event of rejection. I also agree to h \$25.00 non refundable credit check fee. Credit scan consent, authorization, reage or older and a member of the household applying for occupancy and	resentation. If this application in at this deposit could be forf if I do not accept occupancy old harmless the Managemen lease and hold harmless form	s accepted, I will abide by all the eited in full. if required to con on approval of my application t and/or its agents for such invest must be completed and is a par	Rules and Regunersate Midwo Acceptance of Stigation and/or i	ulations of the Mana est Realty Manage of deposit does not ts results. Applican	agement. I agre ement for actual imply approval at agrees to pay
Applicant's Signature	Re	sident Manager			
<del>***********************</del>	Office Use Only********	***********	**********	*******	*******
Applicant Accepted: ( ) Yes ( ) No Reason for Rejection		Date		Initials	
If applicant was rejected was a rejection letter sent?		Yes	No L	Oate	_
Supervisor must preapprove any rejections.	Supervisor's Signatur		 Date		_
If rejected or cancelled, deposit was:	oupervisors orginatur	<b>G</b>	Dale		
MailedPicked up Lost Rent Yes	No Refund \$_				
Signature Date					

Midwest Realty Management, Inc. is an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, ancestry, religion, sex, familial status, marital status, source of income, age, sexual orientation, handicap, status as a victim of domestic abuse, sexual abuse or stalking.

## CREDIT SCAN & CRIMINAL BACKGROUND CHECK RELEASE FORM

LAST NAME:	FIRST:	w	M.I.:
S.S.#:	DOB:		
DRIVERS LICENSE#:		STATE:	
EMAIL:			
PRESENT ADDRESS:			APT.:
CITY:	STATE:	ZIP:	1.
CONSE	NT, AUTHORIZATION	. RELEASE	
	OLD HARMLESS AG	•	· .
	2000 2000 2000 2000		
verify and exchange informatio Credit Reporting and Criminal be considered by the landlord a	authorize the landlord and/or any report on any reports concerning me as a Investigation Agencies. I understand ind/or Reporting Agency in their sole erty for which I am applying. In addeport upon my request.	re maintained by, b d that any informati e discretion as a fact	ut not limited to on obtained may tor in decisions
officers, directors, employees, of shall provide information to the	and hold harmless agents, owners and Credit and Criminal Reporting Agence clandlord and/or Reporting Agency or or expenses arising from or related to	cies, it's officers an upon request, from	d employees that and against any
			4.43
SIGNATURE:		DATE:	
11-11-11-11-11-11-11-11-11-11-11-11-11-			

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