

PORT WASHINGTON ROAD APARTMENTS

(414) 731-4502

Niets Property Management

1001 W. Glen Oaks Lane Suite 240

Mequon, WI 53092

(262)241-5544

office@nietspm.com

RESIDENTIAL RENTAL APPLICATION

(Each adult must complete a separate application)

~SMOKE FREE ENVIRONMENT~

Manager Use Only: Date _____ Property/Unit: _____

Address _____

Monthly Rental Amount _____ Security Deposit Amount _____

Lease Terms _____ Utilities Included _____

Please Print Clearly:

1. Applicant Name _____ Phone _____

Present Address: _____ Zip Code _____

How long have you lived there? _____ Date Of Birth _____ Social Security # _____

Email Address _____

2. Present Landlord _____ Phone _____

Monthly Rent _____ Reason for Leaving _____

3. Previous Landlord _____ Phone _____

Previous Address: _____

Monthly Rent _____ How long did you live there? _____

Reason for Leaving _____

4. Full names of all individuals (and ages of all children) who will be occupying premises:

Full Name

Date of Birth

Social Security #

5. Do you have any pets? If yes, please explain: _____

6. Have you ever been evicted, sued for nonpayment of rent, or breached a lease? _____

7. Present Employer _____ Phone _____

Employer Address _____

Occupation: _____ Title: _____

Gross Monthly Salary _____ Length of Employment _____

8. Other Income, if any (specify source) _____

9. Personal Reference

Relationship: _____ Phone: _____

Personal Reference

Relationship: _____ Phone: _____

10. Automobiles:

Your Driver License Number _____ Issuing State _____

(1) Make/Model _____ Year _____ Plate _____ State _____

(2) Make/Model _____ Year _____ Plate _____ State _____

11. In case of emergency notify _____ Relationship _____

Address: _____

_____ Phone: _____

I hereby apply for rental of premises described as: _____

Term of Rental _____, _____ to _____, _____

Monthly Rental \$ _____ Security Deposit \$ _____

I **enclose the sum of \$20.00 CASH** (not to exceed \$20 per each adult) which is non-refundable fee for a Consumer Credit Report.

Tenant may request in writing within seven days after delivery of the rental unit a list of physical damages or defects, if any, charged to the previous tenant's security deposit.

I **enclose herewith \$200.00**, (in a money order payable to myself) which will be forfeited, as provided by law, if you accept this application, and I do not take the apartment _____. Said deposit to be returned to me if this application is not accepted. Said deposit to apply on the first months rent if consummated. I hereby certify that all statements made above are correct.

NOTICE: You may obtain information about 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 phone at 877-234-0085.

I certify that all of the information provided in this application is true and accurate to the best of my knowledge and that my rental agreement may be terminated if I have made any false, misleading or incomplete statements in this application. I authorize verification of the information provided in this application from my credit sources, current and prior landlords, employers and personal references. I acknowledge being furnished copies of the Rental Agreement, Rules & Regulations, and if applicable, any Nonstandard Rental Provisions. I agree to sign the completed Rental Agreement, Rules & Regulations and Nonstandard Rental Provisions, if applicable, prior to taking occupancy of the unit.

NOTE: A SECURITY DEPOSIT IS REQUIRED FROM EVERY TENANT AGAINST DAMAGE OR LOSS TO THE PREMISES, AND SAID SECURITY DEPOSIT **CANNOT** BE USED FOR THE LAST MONTH'S RENT.

My rental of said premises is to be limited to use and occupancy by family of size and description above without any right on my part to sublet all or any of said premises.

I authorize you to contact any references that I have listed, before, during or after my tenancy.

Signature of Applicant _____ Date _____

DISCLAIMER: We use public or private reporting records in conducting tenant screening. If you believe any record is not accurate, it is your responsibility to check the records.

NO PERSON SHALL BE DENIED THE RIGHT TO RENT OUR PROPERTY BECAUSE OF THEIR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR ANCESTRY.

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EMPLOYMENT CONFIRMATION FORM

Applicant's Name _____

Place of Employment _____

Job Title _____

Supervisor _____ Phone _____

Employment Starting Date _____

Current Income _____ (circle one: weekly, hourly, or salaried)

If hourly, how many hours per week do you work? _____

* Fill this form out completely and email to **office@nietspm.com** along with a recent pay stub. You must also include a nonrefundable **\$20.00** application fee to cover our cost for a credit report. A copy of the credit report will be sent to you.

Confirmation:

The applicant authorizes the release of their compensation information.

By signing and dating below you confirm that the above information is correct.

Company Signature

Today's Date

Applicant Signature

Today's Date