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 Lease Terms		Security Deposit Amount	
		Utilities Included	
Please Print Clearly: 1. Applicant Name		Phone	
Present Address:		Zip Code	
How long have you lived the	re?	Date Of Birth Social Security #	
Email Address			
2. Present Landlord		Phone	
Monthly Rent R	leason for Leav	ving	
3. Previous Landlord		Phone	
Previous Address:			
Monthly Rent	How lon	ng did you live there?	
Reason for Leaving			
4. Full names of all individu Full Name	als (and ages o	of all children) who will be occupying premises: Date of Birth Social Security #	
5. Do you have any pets? If	yes, please ex	xplain:	
6. Have you ever been evict	ed, sued for no	onpayment of rent, or breached a lease?	
7. Present Employer		Phone	
Employer Address			
Occupation:		Title:	
		Length of Employment	
Gross Monthly Salary		Length of Employment	

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:

Security Deposit \$_____ Monthly Rental \$_____

_____, _____ to

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 REOURED 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

Term of Rental

, ____,

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.**

Niets Property Management

1001 W. Glen Oaks Lane Suite #240 Mequon, WI 53092 (262) 241-5544 office@nietspm.com

4904 N. Port Washington Road, Glendale, WI 53217

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