

RENTAL APPLICATION

Each Adult (18 or older) must fill out a separate application unless married

List the property or properties you are interested in			Desired Date of Occupancy:		
First	Middle	Last	Birth Date	Social Security #	Driver's License #
Applicant					
Spouse					
Any Other Names You've Used In The Past			Home Phone		Cell Phone
All Other Tenants		Age	Relationship	All Other Tenants	
1.				6.	
2.				7.	
3.				8.	
4.				9.	
5.				10.	

RENTAL/RESIDENCE HISTORY

	Current Residence	Previous Residence	Prior Residence
Street Address			
City			
State & Zip			
Last Rent Amount Paid			
Owner/Manager and Phone Number			
Reason for Moving			
Is/Was Rent Paid in Full			
Did You Give Proper Notice?			
Were You Asked to Move and Why?			
Name in which your utilities are now billed:			
	From/To	From/To	From/To
Dates of Residency			

EMPLOYMENT HISTORY - APPLICANT

	Current Employment	Previous Employment	2 nd / Part-Time employment
Employed By			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
Monthly Gross Pay			
	From/To	From/To	From/To
Dates of Employment			
Other Income Type and Amount	W-2	SSI	Support

EMPLOYMENT HISTORY - SPOUSE

	Current Employment	Previous Employment	2 nd / Part-Time employment
Employed By			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
Monthly Gross Pay			
	From/To	From/To	From/To
Dates of Employment			
Other Income Type and Amount	W-2	SSI	Support

VEHICLES (include vehicles belonging to other proposed occupants)

Make	Model	Color	Year	License Plate

CREDIT HISTORY

	Bank/Institution Name
Savings Acct	
Checking Acct	
Auto Loan	
Visa	
MasterCard	
Other	

EMERGENCY CONTACT

	Nearest Relative Living Elsewhere
Name	
Address	
City	
State & Zip	
Home Phone	
Cell Phone	

GENERAL INFORMATION

If you saw a property you like how much could you put down today?		When do you want to move?
When would you have a deposit to put down on a property?		

Does anyone on this application have a WE Energies bill over \$3000?		Whom?	
Have you ever filed for bankruptcy?		When?	
Have you ever been convicted of a felony?		When?	
Has anyone on this application ever been evicted?		When?	
Has anyone on this application ever been convicted of dealing or manufacturing illegal drugs?		When?	

How many pets do you have (list Type, Breed, approx Weight & Age)

Have you had any recurring problems with your current apartment or landlord? If yes, please explain:

If you were to run into financial difficulty in the future and couldn't come up with the money to pay your rent, do you know someone that would loan you the money? If so, provide the person's name, address, & Phone # so that we can use them as a reference for you.

We will run a criminal background check and credit report as part of this application. Is there anything negative we will find? Please explain:

How did you hear about our apartments for rent?	Do you have an email address we can reach you at?

AGREEMENT & AUTHORIZATION SIGNATURES

We declare said foregoing information to be true and correct and do hereby authorize you to conduct an employment and credit check and to verify our references. The Fair Credit Reporting Act, Public Law 91-508, requires that we notify you that as a part of our normal procedure a routine inquiry may be made. This inquiry will provide applicable information concerning character, general reputation, personal characteristics, and credit history. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Dated this _____ day of _____, 20____.

Signature _____ Spouse's Signature _____

I, _____ give my current and previous landlord authorization to release my rental history to MPI Property Management, LLC. I also, give my current and previous employers authorization to release information pertaining to my starting dates, termination dates and employment status.

Signed: _____ Dated: _____

Current Address: _____ Move-in Date: _____

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.

HOUSING AUTHORITY OF THE

CITY OF MILWAUKEE
P.O. BOX 324
Milwaukee, WI 53201
223-5678

TESTING OF CHILDREN FOR ELEVATED LEAD BLOOD LEVELS

If you have children below the age of seven, the City of Milwaukee can test your child for lead poisoning. Contact the City of Milwaukee Health Department at 286-3614, for more information on having your children tested for lead poisoning.

Applicant, please check one of the following below;

_____ I do not have any children/dependent minors under the age of seven.

_____ My child(ren) **do not** have elevated lead blood levels.

_____ My child(ren) **do have** elevated lead blood levels.
(A statement from the doctor or Health Department must be attached)

Signature _____ Date _____

Social Security Number _____

Name (print) _____