

Manske Property Management, Inc. Our office is in Whytecliffe Apartments 10050 W. Beloit Road Greenfield WI 53228 (414) 546-8090 Office (414) 543-5433 Fax

RENTAL APPLICATION

Visit us on the web: www.manskepropertymanagement.com

Email us: apts@manskepm.com



Management does not discriminate on the basis of any protected class under federal, state or local laws, rules, or ordinance.

Thank you for applying for residency with Manske Property Management. **Each adult 18 years of age or older must complete an application.** All requested information must be completed before this application will be processed. In order to insure prompt processing of your application, please print clearly and provide complete information including names, addresses and telephone numbers where requested. Management requires that the combined net household income meets or exceeds three times the rental payment amount. For example, if the rental payment is \$600.00 per month, the net household income must be \$1,800.00 per month or higher to qualify.

To be completed by Authorized Personnel Only

Shown by:	Date of Show	ring:	ID Verified	by:	
Property Address (s):		-		-	
Advertising Source:					
Monthly Rent: \$	Security Depo	sit: \$	Lease Term:		
Seen the Actual Unit(s)?					
Improvements or Specials offered					
APPLICANT INFORMATION:					
Date of Application:		Total # of Occupant	s: Total	# of Vehicles:	
Name of Applicant:			<u></u>		
	(First)	(Middle)		(Last)	
Have you ever been known by ano					
Driver's License. #:					
Date of Birth:					
Home Phone:					
	(Please check your	preferred method of contac	ct above)		
RESIDENCE HISTORY:					
Present Address:					
		(apt #)	(city)	(state)	(zip)
Landlord Name:					
Landlord Address:					
Current Rental Payment: \$					
Are you being evicted? Yes					
Previous Address:	(street)	(apt #)	(city)	(state)	(zip)
Landlord Name:		Landlord's Phone:			
Landlord Address:					
Current Rental Payment: \$:	to	
Were you evicted?	No Why did you mo	ove?			
EMPLOYMENT HISTORY:					
Present Employer:		N	ame of Supervisor:		
Employer Address:					
Telephone #:		_Length of Service:		to	
Position Held:		Net Income	e (monthly): \$		
Other sources of income:					
Previous Employer:			ame of Supervisor:		
Employer Address:		IN			
Telephone #:				to	
Position Held:			e (monthly): \$		

MISCELLANE	OUS:					
Have you ever	convicted of a fe	lony or been arre	sted for a crime other	than a traffic offense)	YES NO
Have you ever	filed bankruptcy	?				YES NO
Have you ever	been served an e	eviction notice or	been asked to vacate a	i property you were r	enting?	YES NO
Have you ever	willfully or inten	tionally refused to	pay rent or mortgage	payments when due	?	YES NO
Do you know o	of anything which	may interrupt yo	our income or ability to	pay rent?		YES NO
Have you ever	broken or failed	to honor a lease a	agreement?			YES NO
If you answere	ed yes to any of th	ne questions abov	e please explain:			
Do any of you	r household mem	bers smoke?				YES NO
Do any of you	r household mem	bers have pets?				YES NO
PET INFORMA	TION:					
All household	pets must be liste	ed below even cag	ged animals. Pet Agree	ment Must Be Signed	l. Total # of Househo	ld Pets:
ANIMAL TYPE	BREEL	D WEIG	iht Age	NAME	DESCRIPTION/COLO	DR
Each property ma	ay have its own restrie	tions in type, breed,	weight and number of pets.	None of our properties al	low more than two pets t	otal per household.
		•	Pet Policy by visiting our we	ebsite at www.manskeprop	ertymanagement.com. If	in doubt, please ask for
	ntact our office <u>before</u>					
			any of our properties:	Under		
Pit Bull Terrier Akita	Doberman Chow	Rottweiler Malamute	German Shepard Staffordshire Terrier	Husky Bull Terrier		
		Malallute	Stanordshire remen	Builterner		
MAKE	MODI	-	YEAR	COLOR	PLATE N	UMBER
All vehicles must l	be registered, licensed	and in operable con	dition! We do not allow traile	ers, campers, RV's, jet-ski's	, monster trucks or other	oversized trucks!
	-	-	duals under the age of 18 ye			
Name:		Date	of Birth:	Soci	al Sec. #:	
Name:		Date	e of Birth:	Soci	al Sec. #:	
Name:			of Birth:			
Name:			e of Birth:	Soci	al Sec. #:	
Failure to obtain v	written permission pri	or to adding/changing	g occupants or pets is a viola	tion of the lease contract a	nd a FIVE-DAY NOTICE TO	VACATE may be served
to the tenant (s).						
EMERGENCY (CONTACT (This pers	on must be local and	not a household member)			
Full Name:				Tele	phone Number:	
Address:				Rela	itionship:	
(Street)		(Apt#)	(City/state/zip)			
			Terms and Conditions o	f Application		
Applicant agree	a ta nava nan vaf u	ndahla Cradit Chas	k Fac of \$20.00 at the time		al chacks are not acco	ntod as nowmant of

Applicant agrees to pay a **non-refundable** Credit Check Fee of \$20.00 at the time of application. Personal checks are not accepted as payment of this fee. In lieu of the Credit Check Fee, applicant may also provide management with a complete copy of applicant's consumer credit report **with credit score** that is less than 30 days old, and has been prepared by a nation-wide consumer credit reporting agency. Any application submitted without either payment of the \$20.00 Credit Check Fee, or a copy of applicant's consumer credit report will be denied. If applicant pays the \$20.00 Credit Check Fee, applicant will be provided with a copy of the consumer credit report obtained by management regardless of whether the applicant's application is accepted or denied.

Applicant understands that a security deposit is required and must be paid in full before occupancy will be given. If the full security deposit is not paid upon the execution of the lease, the applicant will not be provided with occupancy of the rental unit and the acceptance of the applicant's application will be rescinded. Tenant further acknowledges and agrees that the security deposit cannot be used to pay the first or last month's rent.

Applicant agrees that there are no verbal agreements. All agreements must be in writing and must be signed by both management and applicant.

Applicant hereby certifies that the information contained within this application is true, correct and complete and does not contain any false or misleading information. Applicant understands and agrees that if any information provided on this application is found to be false or misleading during the application review process, this application shall be denied.

By signing this application, applicant hereby authorizes management to conduct a credit check, rental history verification, employment verification and criminal background check with organizations that provide such services.

TENANT DISCLOSURE AND RELEASE

I ______ authorize Manske Property Management to obtain both past and current information concerning the names and dates of previous employers, public records, credit data, bankruptcy proceedings, eviction or landlord judgments, criminal background checks/records and income verification.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY MANSKE PROPERTY MANAGEMENT TO FURNISH THE ABOVE-MENTIONED INFORMATION.

Furthermore, I authorize procurement of consumer report(s) from federal, state and other agencies that provide such services. If approved as a tenant, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my contract period.

Address		Unit #
City	State	Zip
City	State	21¥
Printed	Name	
Signatu	ire	