

The Equity Group, Inc.
 150 N. Sunny Slope Rd. Ste 365
 Brookfield, WI 53005
 Office: (262) 785-0300
 Fax: (262) 785-5561
 www.theequitygroupinc.com
 Management Office Hours:
 Monday-Thursday 8AM-Noon
 Closed: Friday, Saturday, Sunday

RENTAL APPLICATION

Rent, Fees, and Security Deposit

checks payable as follows:

THE EQUITY GROUP, INC.

Month to month or

For a term of _____ months, beginning
 on _____, and continuing to _____.

Date of Application _____ Date of Occupancy _____

Property Address _____ Unit # _____

Applicant Mr. _____ # of Occ. _____
 Mrs. _____
 Ms. (Please Print) Last First Middle

Social Security # _____ Date of Birth _____

Present Address _____ Phone _____
 (City, State, ZIP) Landline / Cell

Email _____

Present Landlord _____
 (Name) (City, State, ZIP) (Phone)

Previous Address _____
 (City, State, ZIP)

Previous Landlord _____
 (Name) (City, State, ZIP) (Phone)

Source of Income Name _____ How Long _____ yrs.

Source of Income Address _____ Phone _____

Additional Source of Income _____

Occupation _____ Earnings Per Month \$ _____ (Gross)

Car _____ License Plate # _____ Driver's Lic. _____
 (Make, Year)

Emergency Contact _____
 (Name) (Relationship - Offsite) (Address & Phone)

Rent Includes: (Items not checked are not included)

Application Fee: \$ _____	Range: _____	Parking: _____
Monthly Rent: \$ _____	Refrigerator: _____	
Monthly Pet Fee: \$ _____	A/C: _____	Keys: _____
Storage Locker: \$ _____	Other: _____	Apt. Door: _____
Security Deposit: \$ _____	Carpeting: _____	Mailbox: _____
Pet S.D. \$ _____	Heat: _____	Basement: _____
Only payment of full deposit holds the apartment.	Water: _____ Hot _____ Cold	Garage: _____
Balance Due Prior to Occupancy \$ _____	Electricity/Phone/Internet: No	Remote: _____

THE APPLICANT HAS READ ALL RULES AND REGULATIONS AND AGREES TO COMPLY WITH SAME AND ACKNOWLEDGES RECEIPT OF A COPY OF THIS RENTAL APPLICATION AND AGREEMENT. APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE. APPLICANT CONSENTS TO OWNER OBTAINING A CREDIT CHECK THROUGH A CREDIT REPORTING SERVICE AND/OR ANY OTHER REFERENCE CHECK NEEDED TO VERIFY ABOVE INFORMATION. IF OWNER IS USING PUBLIC RECORDS PROVIDED BY A THIRD-PARTY SERVICE TO DETERMINE ELIGIBILITY TO RENT, THEY OR THE SERVICE CANNOT VOUCH FOR THE ACCURACY OF THE RECORDS AS THEY HAVE NO CONTROL OVER SUCH RECORDS.

I CERTIFY THAT ALL INFORMATION SUPPLIED IS TRUE AND CORRECT. FALSE INFORMATION MAY RESULT IN NON-ACCEPTANCE OR EVICTION.

Have you ever been evicted or asked to move? NO YES If yes, explain: _____

Have you ever been convicted of a sexual offense? NO YES If yes, explain: _____

Have you ever had bedbugs? NO YES If yes, explain: _____

Special Provisions: _____

Applicant's Signature _____ Date _____ By _____ Date _____

The Equity Group, Owner's Agent

