

Boas Apartments

P.O. Box 601
Elkhorn, WI 53121
Phone: 262-723-2960 Email: BoasApartments@gmail.com

Missing information such as income, rental history, signature, etc. will result in denial of your application. If the information does not apply to you please put N/A in the section. We DO NOT accept pets.

RENTAL APPLICATION

DATE: _____

You will be denied rental if you misrepresent any information on this application. If misrepresentations are found after a lease is signed, your lease will be terminated immediately and you must vacate the premises.

PERSONAL INFORMATION

Applicant Name: _____ Date of Birth: _____
Address: _____ Soc. Sec. No. _____
City, State, Zip: _____ Home Phone: _____
Driver's License No.: _____ Email: _____

Other Occupants	Date of Birth	Social Security No.
_____ Relationship: _____	_____	_____
_____ Relationship: _____	_____	_____
_____ Relationship: _____	_____	_____

PREVIOUS ADDRESS / RENTAL HISTORY

You must provide at least 12 months of verifiable rental history. Current and past landlords will be contacted.

Have you ever refused to pay rent? Yes No Have you ever been evicted or asked to leave? Yes No
Reason: _____ Reason: _____

Current Address: _____ How Long: _____
Current Landlord: _____ Phone: _____
Reason for Moving: _____ Monthly Rent: _____

(Complete if you have lived at your current address for less than ONE year.)

Past Address: _____ How Long: _____
Landlord: _____ Phone: _____
Reason for Moving: _____ Monthly Rent: _____

INCOME

Employer: _____	Starting Date: _____
Address: _____	Hours Per Week: _____
Position: _____	Income: _____
Supervisor: _____	Phone: _____
Other Employer: _____	StartingDate: _____
Address: _____	Hours: _____
Position: _____	Income: _____
Supervisor: _____	Phone: _____

OTHER SOURSES OF INCOME

Will you be receiving any other income that you want considered with this application (e.g. Social Security, SSI, public assistance, W-2, alimony, child support, or any other type of income)?

Source of Income: _____	Amount: _____
Address: _____	Phone: _____
Contact Person: _____	
Source of Income: _____	Amount: _____
Address: _____	Phone: _____
Contact Person: _____	

RENTAL ASSISTANCE OR HOUSING SUBSIDY

Do you or anyone in your household receive monthly rental help, assistance or a housing subsidy? Yes No

If YES amount and how often, _____

Name of Provider: _____ Phone Number: _____
Contact Name: _____ Email: _____

Please attach a signed letter, statement or voucher to this application from the providing company.

CREDIT REFERENCES

Have you ever filed bankruptcy? ___ Yes ___ No

Bank: _____

Type of Account: _____

Bank: _____

Type of Account: _____

CRIMINAL HISTORY

Have you ever been convicted of, plead guilty to or been place on probation for any crime? ___ Yes ___ No

If YES explain, _____

Is this conviction a FELONY? ___ Yes ___ No

Do you have any pending criminal charges now? ___ Yes ___ No

If YES explain, _____

Are you subject to a lifetime registration requirement under a state sexoffender registration program? ___ Yes ___ No

If YES explain, _____

VEHICLE INFORMATION

Make and Model: _____

Year: _____

Color: _____

IN CASE OF EMERGENCY CONTACT

Name: _____

Phone: _____

Address: _____

Relationship: _____

Name: _____

Phone: _____

Address: _____

Relationship: _____

RENTAL PREMISES AND TERMS

Applicant hereby applies for rental premise described as: _____

Term of Rental: Starting on _____, 20__ to _____, 20__

Monthly Rental Amount: \$ _____ Security Deposit: \$ _____

All information on the front and back of this application must be completed and signed. The application will not be reviewed if any information is missing.

I certify that all of the information provided in this application is true to the best of my knowledge and my lease may be terminated if I have made any false or incomplete statements in this application. I authorize verification of the information provided in this application from my credit sources, current and previous landlords, employers and personal references.

I warrant and represent that I am at least 18 years of age and that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements will be grounds for denial of the application and understand that such action may result in criminal penalties. Applicant understands that occupancy of the premises is contingent on meeting the Landlord's or Management's resident selection criteria.

THIS IS NOT A LEASE

APPLICATION MUST BE SIGNED TO BE REVIEWED.

By signing below applicant authorizes the Landlord and/or its agents to contact any reference that I have listed, before, during or after my tenancy.

Signature of Applicant: _____ **Date:** _____