Lea Lawrence Properties LLC

Rental Application

Address:		Rent: \$	•		Deposit: \$	
		Applicant	: Information			
Full Name:	Last	First		M.I.	Date:	
Current Address:						
Address.	Street Address				Apartment/Unit #	
	City			State	ZIP Code	
Phones:			Email:			
Driver's Lice Number:	ense 	Social Security Number.:		Date of Birth:		
Name of Co Applicants:)-					
	Separate Applications required for each Co-Applicant					
	_	Applicant's (Current Addres	S	_	
Address:				Moni	thly ent:_ \$	
Rent/Own:				Apartmei	nt/House:	
Landlord & Landlord Address/Ph	one:					
Dates Rented From:		To:				
		Applicant's P	revious Addres	SS		
Address:	Monthly Rent: \$		thly ent: \$			
Rent/Own:				Apartmei	nt/House:	
Landlord & Landlord Address/Ph	one:					
Dates Rented From:		To:				

Proposed Occupants DOB: ____ Name: DOB:____ Name: YES NO Will any Animals be living in the apartment? If yes, what type & how many? Employment Control of the Control of Current Employer: Supervisor: Supervisor Phone: Address: Job Title: Monthly Salary:\$ From: _____ To:____ **Prior** Supervisor: Employer: Supervisor Phone: Address: Monthly Salary:\$ Job Title: To: From: Financial Information Checking: Account # City State Bank Branch Savings: City, State Bank Branch Account # YES NO NO Have you ever filed bankruptcy.? □ Have you ever been Convicted of a felony? YES NO Have you ever been evicted from a rental? If yes, when? YES NO Have you ever defaulted on a lease? If yes, explain:

Applicant Name									
Full Name:									
i uli ivallie.	Last	First	M.I.						
		Dava and Infarm	ation						
Personal Information									
In case of an									
emergency									
Please Notify:									
rvotily.	Last	First	M.I.						
۸ ماماسم م									
Address:	Street Address			Apartment/Unit #					
	0%		Otata	7/0.0-1-					
	City		State	ZIP Code					
Phone:		Email_							
Make/Mode	l of								
Car:		Licer	nse #:						
Reason for Relocating:									
Do you have									
Renter's Ins	urance:								
Consent	to Verification of	Credit and Other Inforn	nation						
I warrant, to the best of my knowledge, all of the information provided in this Application is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statements will be grounds for disapproval of my Application or termination of my Lease with Owner.									
I understand and agree: (i) this is an application to rent only and does not accept more than one application for the Property and, using their sold discretion, will select the best qualified applicate. I hereby authorize the Landlord or Manager or Agent to verify the information provided and obtained a credit report on me.									
Applicant's Signature:			Date	e:					
Thank you for your interest in our Apartments. If you have questions, please call Joel at (608) 575-8536.									
Please return your application to:									
• <u>Emai</u> l:									
• <u>Ma</u> i	<u>lealawrenceproper</u> <u>il</u> :	ties@gmail.com							

P.O.Box 162, Mt Horeb, WI 53572