

GENERAL APPLICATION GUIDELINES

- Age** Primary applicants must be 18 years of age minimum and screened individually.
- Income** Total monthly household income must be verifiable and at least the amount of three times the monthly rent.
- Housing** Negative housing/rental history may be grounds for denial. Previous money judgment by a prior landlord may be cause for denial.
- Criminal** Felony convictions may be grounds for denial.
- Credit** A negative credit history may be grounds for denial. An additional security deposit may be required based on credit risk score.

OCCUPANCY STANDARDS

- 1) Generally, occupancy will be limited to two (2) person per bedroom, however specific factors may be considered to either increase or decrease that general rule. Factors that may be considered include, but are not limited to, the following:
 - a. Size of the unit
 - b. Configuration of the unit
 - c. Size of the bedroom(s)
 - d. Number of bedroom(s)
 - e. Number of persons in the family
 - f. Other physical limitations of housing (i.e. capacity of the septic, sewer, or other building systems)
 - g. The family
 - h. The need for a larger or smaller unit as reasonable accommodation
 - i. State and local law



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Application for Apartment Occupancy Agreement

You will be denied rental if you misrepresent any information on this application. If misrepresentations are found after a rental agreement is signed, your rental agreement will be terminated.

Date: _____

Name of Landlord: Greywolf Partners, Inc

UNIT INFORMATION (to be completed by Landlord)

Community Name The District - West Bend (circle one) LITHIA LOFTS - RIVERSIDE RESIDENCES - TOWNHOMES

Building Address: 433 N Main Street, West Bend, WI 53090 (Office)

Unit #: _____

Monthly Rental Amount \$ _____

Expected Move-in Date: _____

Utilities Included: domestic & hot water, sewer, trash, 1 underground parking space, all appliances (range, refrig, micro, dishwasher, washer & dryer in unit)

Type of Tenancy: _____ (i.e. 12-month lease, Month to Month)

Security Deposit Amount \$ _____ Date: _____ Paid Check # _____

Credit Card _____

Consumer Credit Report Fee \$ _____ Date: _____ Paid Check # _____

Credit Card _____

The consumer credit report fee is non-refundable should this application for rental be accepted or not.

Complete Legal Name of First Applicant (1)	Birth Date	Driver's License #	Social Security #
(1)			- -
Present Address		Apt#	Phone
City	State	Zip code	How Long?
Present Management or Mortgage Co.		Monthly Payment	Management/Mortgage Co Phone
----- Previous Address		Apt. #	
City	State	Zip Code	How Long?
Previous Management or Mortgage Co.		Monthly Payment	Management/Mortgage Co Phone

Source of Income (If employed, list employer name) First Applicant			
Current Employer	Annual Salary	Position	Employer Phone
Address		Supervisor's Name	Date started:
Current Employer	Annual Salary	Position	Employer Phone
Address		Supervisor's Name	Date started:
----- Previous Employer		Annual Salary	Position
Address		Supervisor's Name	Date started: Date ended:
Previous Employer	Annual Salary	Position	Employer Phone
Address		Supervisor's Name	Date started: Date ended:

Additional Sources of Income	
Source	Amount
Source	Amount

References		
Name of nearest relative	Address	Phone
In case of emergency contact	Address	Phone



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Complete Legal Name of Second Applicant (2)	Birth Date	Driver's License #	Social Security #
(2)			- - -
Present Address		Apt#	Phone
City	State	Zip code	How Long?
Present Management or Mortgage Co.		Monthly Payment	Management/Mortgage Co Phone
----- Previous Address		Apt. #	
City	State	Zip Code	How Long?
Previous Management or Mortgage Co.		Monthly Payment	Management/Mortgage Co Phone

Source of Income (If employed, list employer name) Second Applicant			
Current Employer	Annual Salary	Position	Employer Phone
Address		Supervisor's Name	Date started:
Current Employer	Annual Salary	Position	Employer Phone
Address		Supervisor's Name	Date started:
----- Previous Employer	Annual Salary	Position	Employer Phone
Address		Supervisor's Name	Date started: Date ended:
Previous Employer	Annual Salary	Position	Employer Phone
Address		Supervisor's Name	Date started: Date ended:
Additional Sources of Income			
Source			Amount
Source			Amount
References			
Name of nearest relative		Address	Phone
In case of emergency contact		Address	Phone

List Additional Occupants (Names)	Relationship	Age

Auto(s)			
Make & Model	Year	License Plate #	Color
Make & Model	Year	License Plate #	Color
Make & Model	Year	License Plate #	Color
Make & Model	Year	License Plate #	Color

Pct(s)			
Type of animal	Breed	Color	Name
Type of animal	Breed	Color	Name



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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://appsdoc.wigov/public> or by phone at 608-240-5830.

My rental of said premises is to be limited to use and occupancy by family of size and description above without any right on my part to sublet all or any of said premises.

I certify that all of the information provided in this application is true and accurate to the best of my knowledge and that my tenancy may be terminated if I have made any false, misleading or incomplete statements in this application. I authorize Landlord to do the following: (1) contact any individuals and/or businesses listed above to verify the information provided in this application before, during and/or after my tenancy; (2) obtain a copy of my consumer credit report and (3) perform a background check.

I acknowledge being furnished copies of the Rental Agreement, Rules and Regulations, and if applicable, any Nonstandard Rental provisions. I agree to sign the completed Rental Agreement, Rules & Regulations, and if applicable, and Nonstandard Rental Provisions, if applicable, prior to taking occupancy of the unit. Failure to provide proof of renter's insurance will result in a \$10 additional rent charge per month. Tenant may request in writing within seven days after delivery of the rental unit a list of physical damages or defects, if any, charged to the previous tenant's security deposit.

NOTE: A SECURITY DEPOSIT IS REQUIRED FROM EVERY TENANT AGAINST DAMAGE OR LOSS TO THE PREMISES AND SAID SECURITY DEPOSIT CANNOT BE USED FOR ANY MONTH'S RENT.

Please Note: Landlord is using public records provided by a third party service to determine your eligibility to rent. Neither Landlord, nor the third party service, can vouch for the accuracy of the records as they have no control over such records. It is the responsibility of the applicant to check the accuracy of their own public records.

Signature Applicant #1 _____

Date _____

Applicant #1 Name (please print) _____

Cell Phone _____

Email _____

Signature Applicant #2 _____

Date _____

Applicant #2 Name (please print) _____

Cell Phone _____

Email _____



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REQUEST FOR EMPLOYMENT VERIFICATION

APPLICANT'S AUTHORIZATION FOR THIS INQUIRY:
I hereby consent to the release of my employment information.

Employee Name: _____

Employee's Signature: _____ Date: _____

Who should we reach out to for verification?

Employer Contact Person _____ Phone _____

Position _____ Email _____

(Applicant, please do NOT write below this line)

Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature above, has authorized you to release his/her employment information.
Your assistance in providing employment information is sincerely appreciated.

TO BE COMPLETED BY EMPLOYER:

Rate of pay: _____

Frequency of pay: Weekly Bi-Weekly Monthly Other _____

Date of hire: _____

Position: _____

Full Time Part Time Temporary

Number of hours (if part time): _____

End Date (If applicable): _____

Name of person verifying: _____

Position of person verifying: _____

Date of verification: _____

Additional Comments: _____

Request submitted by: _____

Name: The District West Bend – Management Team

Date

Phone: 262-747-7442

Email: thedistrict.westbend@greywp.com