

Tour Request Form

* Each adult (18 or older) must fill out a separate application

(Please Print Clearly)

First	Middle	Last	Birth Date	(Provide Copy) >	Driver's License #
Any Other Names You've Used In The Past			Home Phone	Cell Phone	
Email			Best Times / Days to Tour		
All Other Occupants			Age	Relationship To Applicant	

RENTAL/RESIDENCE HISTORY	Current Residence	Previous Residence	Prior Residence
Street Address			
City			
State & Zip			
Last Rent Amount Paid			
Owner/Manager			
and Phone Number			
Reason for Leaving			
Is/Was Rent Paid in Full?			
Did you give notice?			
Were you asked to move?			
Name(s) in which your utilities are now billed:			
	From/To	From/To	From/To
Dates of Residency			

EMPLOYMENT HISTORY	Current Employment	Previous Employment	Prior Employment
Employed By			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
MONTHLY Gross Pay			
	From/To	From/To	From/To
Dates of Employment			
List any verifiable sources and amounts of income you wish to have considered (optional):			

CREDIT HISTORY	Bank/Institution Name	Balance On Deposit or Balance Owed
Savings Account		
Checking Account		
Credit Card(s)		
Auto Loan		

PLEASE PRINT

GENERAL INFORMATION		
Have you ever been served a late rent notice?	Do any of the people who would be living in the property smoke?	How long do you think you will be renting from us?
Is the total move-in amount available now?	Your Requested Move-In Date:	
Have you ever filed for bankruptcy? If so, when?	Have you ever been convicted of a felony? If yes, when?	
Have you ever been served an eviction notice? If so, when?	How many animals? (List Type, Breed, approx. Weight & Age)	
Have you had any reoccurring problems with your current apartment or landlord? If yes, please explain:		
Why are you moving from your current address?		
Have you been a party to a lawsuit in the past? If yes, please explain why:		
We may run a credit check and a criminal background check if you apply. Is there anything negative we will find that you want to comment on?		
How did you hear about this property?	Do you know of anybody else looking to rent? Please provide their name and number. If you refer a friend and you each end up renting separate properties from us then we will pay you a referral reward:	

Agreement & Authorization Signature

Applicant authorizes the Landlord, his employees, agents, or representatives to make any and all inquiries necessary to verify the information provided herein, including but not limited to direct contact with Applicant's employer, landlords, credit, neighbors, police, government agencies and any and all other sources of information which the Landlord may deem necessary and appropriate within his sole discretion. The Applicant represents to the Landlord that the application has been completed in full and all the information provided for herein is true, accurate and complete to the best of the Applicant's knowledge and further, agrees that if any such information is not as represented, or if the application is incomplete the Applicant may at the Landlord's sole discretion, be disqualified. The Applicant provides the information contained on this form. Landlord, his agents or representatives, is not liable to the Applicant, his heirs, executors, administrators, or assigns for any damages of any kind, actual or consequential by reason of the verification by the Landlord of the information provided by the Applicant, and Applicant hereby releases the Landlord, his agent, employees and representatives from any and all actions, causes of action of any kind or nature that may arise by virtue of the execution or implementation of the agreement provided herein. This property requires a Security Deposit. Animal deposit(s) are in addition to security deposit. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature: _____

Date: _____

Applications must be returned to 1st Rate Management by mail (PO Box 511, Hartland, WI 53029), chris.adsit@johnsonfit.com or by Fax (608) 839-5989. Please call or text 715-459-5993 if a fax is sent to confirm receipt.

*****A valid copy of your Driver's License or State ID is required with this form*****