

RENTAL APPLICATION Park Ridge Management, LLC

Mike Loew – 262-554-6994

Fax 262-554-6976

Office 262-884-7368

The following information is required in order to process your rental application. Please complete all blanks. For any blanks, which do not apply, please insert "N/A". Please list the full name, address and telephone number of all present and past references.

APPLICANT'S FULL NAME:  _____

CURRENT ADDRESS: _____

SOCIAL SECURITY #: _____

TELEPHONE # HOME: _____ WK _____ CELL _____

OTHER APPLICANT'S FULL NAME: _____

SOCIAL SECURITY #: _____ PHONE #'S _____

PERSONS WHO WILL BE RESIDING IN THE RENTAL UNIT:

FULL NAME	AGE
_____	_____
_____	_____
_____	_____
_____	_____

INCOME: (Please list all employers or other sources of income.)

SOURCE OF INCOME	MONTHLY GROSS
_____	_____
_____	_____
_____	_____

BANK REFERENCES: (Savings, Checking, Etc.)

NAME OF BANK	TYPE OF ACCOUNT
_____	_____
_____	_____

AUTOMOBILES: (Please list all information for each vehicle to be parked on the project.)

MAKE	YEAR	MODEL	LICENSE #
_____	_____	_____	_____
_____	_____	_____	_____

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RENTAL HISTORY: (Please complete each question for past three year.)

PRESENT ADDRESS: _____

LANDLORD'S NAME: _____

LANDLORD'S ADDRESS/TELEPHONE # _____

WHY DID YOU MOVE? _____

PREVIOUS ADDRESS: _____

LANDLORD'S NAME: _____

LANDLORD'S ADDRESS/TELEPHONE # _____

WHY DID YOU MOVE? _____

PREVIOUS ADDRESS: _____

LANDLORD'S NAME: _____

LANDLORD'S ADDRESS/TELEPHONE # _____

WHY DID YOU MOVE? _____

NOTE: SPECIFIC UNITS ARE DEDICATED FOR PETS AND FOR SMOKING.

DO YOU HAVE ANY PETS? () YES () NO - **ADDITIONAL \$30.00 PER MONTH FOR A PET.**

DESCRIPTION: _____

DO YOU OR ANYONE LISTED ON THIS APPLICATION SMOKE? () YES () NO

RENT: _____ 1st month due upon signing the lease. ADDRESS: _____

RENTAL APPLICATION DEPOSIT \$20.00 (\$20.00 for credit research.)

SECURITY DEPOST REQUIRED: _____

OCCUPANCY DATE: _____

Security Deposit required upon receiving the Keys.

The undersigned certifies that all of the above information is true and correct and agree that a representative of the landlord may contact any of the above references, credit reporting service records and/or otherwise verify any of the information contained in this application regarding my/our application for rental of the above referenced unit. The undersigned understands that this rental application does not constitute a lease of rental agreement and that tenancy may be denied in the event that any of the requested information is found to be false.

Applicant agrees to deposit the Rental Application Deposit with the Lessor at the time this application is made. At the time the applicant is given occupancy of the unit, the deposit will be applied to the first months rent and the applicant will be required to deposit the tenant security deposit. In the event applicant fails to take possession of the unit, the Lessor will attempt to relet the subject premises and the Rental Application Deposit will be applied to offset any costs incurred by Lessor. Tenants will abide by all the bylaws, rules, and declarations of the Village Homes of Park Ridge II Association and the Club House rules.

Number of Occupants:

1 Bedroom Unit – 2

2 Bedroom Unit – 3

Large 2 Bedroom – 4

3 Bedroom Unit – 4

(With Conditions)

APPLICANT'S SIGNATURE

DATE: _____

APPLICANT'S SIGNATURE

DATE: _____

APPLICATION RECEIVED BY:

DATE: _____