

BENDER RENTALS & PROPERTY MGT LLC
6622 WEST FOND DU LAC AVE
Milwaukee, WI 53218
Phone (414) 535-9992
Email address: contact@benderrental.com

DATE OF APPLICATION: _____ Phone: _____

NAME OF APPLICANT: _____ D.O.B. _____

RENTAL INFORMATION

Applying to rent (address of property) _____

Rent per month: _____ Security deposit: _____

How many in the family: _____ age of adults: _____

Please list any and all people (including children) you intend to have reside on said premises:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Present/Prior rental history

Present address: _____

Number of years lived there: _____

Present landlord: _____ Phone # _____

Rent per month _____ Reason for moving _____

Employment Information

Name employer: _____

Address of employer: _____

Supervisor Name _____ Phone # _____

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Years Employed: _____ **Monthly Income:** _____

Previous Employer _____

Previous Employer Supervisor Name _____

Previous Employer Phone # _____

(W-2 or SSI) Monthly Income \$ _____

Emergency Contact (Nearest Relative/Friend not living with you)

Name _____ **Relationship** _____

Address _____ **City** _____ **State** _____

Zip _____ **Home Phone** _____ **Cell Phone** _____

References

Name: _____ **Phone#** _____

Name: _____ **Phone#** _____

Name: _____ **Phone#** _____

How did you hear about our apartments for rent? _____

What is your email address? _____

If you saw a property you like how much could you put down today? _____

When would you have a deposit to put down on property? _____

When do you want to move? _____

Applicant Signature: _____ **Date:** _____

Co-applicant Signature: _____ **Date:** _____

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NOTICE: You may obtain information about sex offender registry and persons registered with the registry by contracting the Wisconsin Department of Corrections on the internet at <http://www.widocoffenders.org> or by phone at 877-234-0085.

NOTE: if you pay a deposit on a unit and decide you do not want the unit your deposit will not be refunded to you.

Please sign

Date

Please fill out and return this form.

___ I have received a copy of the lead prevention.

___ Have your under seven year old child or children been tested for lead for lead poisoning?

If yes, please provide the date child or children were tested and the results.

Date _____ 20__ ___ negative ___ positive

Print Name _____ Date _____

Signature _____