



Instructions for completing rental application

Please take and complete this application. You can return it to the office via any of the following ways:

Option 1: Drop off at office when we are here or leave in the mail slot on the front door.

Option 2: Fax to 480-393-4461

Option 3: Mail to

DALM Properties
PO Box 112
Berlin, WI 54923

RESIDENTIAL RENTAL APPLICATION

APPLICANT INFORMATION

First Name:	Middle Initial:	Last Name:
Social Security No.: - -	Driver's License No:	
Phone No.: ())	Date of Birth:	

PREVIOUS RENTAL HISTORY #1

Present Address	
How long at present address	
Current rent payment:	Reason for moving
Landlord's Name:	Phone No.: ())

PREVIOUS RENTAL HISTORY #2

Address	
How long at present address	
Current rent payment:	Reason for moving
Landlord's Name:	Phone No.: ())

SPOUSE INFORMATION (if applicable)

First Name:	Middle Initial:	Last Name:
Social Security No.: - -	Driver's License No:	
Phone No.: ())	Date of Birth:	

MISCELLANEOUS

Water bed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Smokers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you own real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain where:

Have you ever been evicted from any rental premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Have you ever willfully and intentionally refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

CURRENT EMPLOYER:

Employer:	Business Phone: ()
Position	How long:
Supervisor	Income (If paid Hourly please specify)
Other Income sources:	
Gov't assistance \$	Child support/Alimony\$ Other \$

SPOUSE'S CURRENT EMPLOYER:

Employer:	Business Phone: ()
Position	How long:
Supervisor	Annual Income
Other Income sources: Gov't assistance \$ Child support/Alimony\$ Other \$	

NEAREST RELATIVE NOT LIVING WITH YOU:

Name	
Address	
Relationship	Phone No.: ()

CREDIT/PERSONAL REFERENCES:

Name:	Name:
Address:	Address:
Phone No.:	Phone No.:
Relationship:	Relationship:

BANK REFERENCES:

Name:	Name:
Branch:	Branch:

CREDIT CARDS:

Credit Card Name:		Credit Card Name:	
Credit limit:	Balance owed:	Credit limit:	Balance owed:
Monthly payment:		Monthly payment:	
Credit Card Name:		Credit Card Name:	
Credit limit:	Balance owed:	Credit limit:	Balance owed:
Monthly payment:		Monthly payment:	

Landlord does not discriminate against any applicant on the basis of an illegal purpose including, race, color, religion, sex, national origin, age, disability or family status. Such discrimination as the sole basis of refusal to rent is illegal throughout the United States. Local or State laws may provide additional protected classes from discrimination. You can call the U.S. Department of Housing and Urban Development (HUD) at 1-800-424-8590 to ask questions about discrimination.

I represent that the information provided in this Application is true and correct to the best of my knowledge.

I understand that this Application is not a rental agreement and that this Application does not create any obligation on the Landlord.

I understand that the information provided might be used by Landlord to determine whether to accept this Application. I authorize Landlord to verify all the information given in this application, including banking and personal references and employment information provided.

I authorize and Landlord to perform a credit check and a criminal history check. I consent to the release of information relating to my credit and any information provided in this application.

Applicant

First Name:	Middle Initial:	Last Name:
Social Security No.: - -	Date of Birth:	

Spouse/Co-Applicant

First Name:	Middle Initial:	Last Name:
Social Security No.: - -	Date of Birth:	

Applicant's Signature

Date

Spouse/Co-Applicant's Signature

Date