



CANDLEWOOD PROPERTY MANAGEMENT, LLC
 1317 College Ct
 Stevens Point, Wisconsin 54481
 Phone: 715-344-7524 Fax: 715-344-1001
 E-Mail: rent@rentcandlewood.com

RENTAL APPLICATION

UNIT INFORMATION

This is NOT a lease or a rental agreement.

I hereby make application to rent apartment number (If Known) _____ located at _____
 Monthly Rent \$ _____ Lease Start Date _____

APPLICANT INFORMATION

[Each Applicant must complete a separate *Rental Application*]

Full Name _____ Home Phone _____

Date of Birth _____ Social Security No. _____ Cell Phone _____

E-Mail Address _____

Emergency Contact & Phone _____

Pets To Occupy Unit (Number & Kind) _____

(Note: A pet fee will apply to those with pets)

Names Of Others To Occupy Unit:	Social Security Number:	Date Of Birth:

APPLICANT'S RENTAL HISTORY

Have you ever failed to pay rent when due? Yes No

[If you are not currently renting, list your current address]

Have you ever been evicted? Yes No

CURRENT ADDRESS _____ City/State _____ Zip _____

Rent \$ _____ Since (Date) _____ Landlord _____ Phone _____

PREVIOUS ADDRESS _____ City/State _____ Zip _____

Rent \$ _____ Since (Date) _____ Landlord _____ Phone _____

APPLICANT'S EMPLOYER & INCOME

PRESENT EMPLOYER _____ Address _____

Phone _____ Since (Date) _____ Monthly Pay \$ _____ Position _____

OTHER INCOME SOURCES

Amount:	Source:	Confirmation Person:	Phone:

I (WE) HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND AUTHORIZE CANDLEWOOD PROPERTY MANAGEMENT, LLC TO CALL OR CONTACT ANY OF THE ABOVE NAMED REFERENCES AND/OR OTHER PERTINENT INFORMATION REGARDING MY (OUR) QUALIFICATIONS FOR TENANCY INCLUDING, BUT NOT LIMITED TO, CREDIT REPORTS, CRIMINAL AND SEX OFFENDER RECORDS, AND BANK ACCOUNTS. I (WE) FULLY UNDERSTAND THAT IF ANY OF THE ABOVE INFORMATION IS FALSE, THAT I (WE) WILL NOT QUALIFY AS A TENANT AND FORFEIT ANY EARNEST MONEY PAID. I ALSO VERIFY THAT I HAVE RECEIVED A COPY OF THE REAL ESTATE DISCLOSURE FORM FOR CANDLEWOOD PROPERTY MANAGEMENT, LLC

APPLICANTS SIGNATURE: _____ DATE: _____

If completing this form electronically, your authorization is given by supplying the following:

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____