

Return Application To: LP & ASSOCIATES
 P.O. BOX 1402
 LA CROSSE WI 54602
 lewis@lpandassociates.com
 toni@lpandassociates.com

DATE: _____ PROPERTY ADDRESS: _____ APT. #: _____

APPLICANT'S FULL NAME: _____ ROOMMATES: _____
 CONTACT PHONE: _____
 EMAIL: _____

Social Security #: _____ Birthdate: _____
 Driver's License #: _____ State: _____

Current Rental Address: _____ How Long Rented: _____
 City: _____ State: _____ Zip: _____
 Landlord's Name: _____ Landlord's Phone: _____

Current Employer: _____ How Long Employed: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Supervisor's Name: _____ Supervisor's Phone: _____

If you answer yes to any of the below questions, please explain on the back of the application:
 Have you ever been evicted? _____ Do you currently have any outstanding rental account balances? _____
 Have you ever broken a lease agreement? _____ Do you have or plan to have any pets? _____

In the case of an emergency please list who we may contact to discuss your rental issues:
 Contact's Name: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Contact's Name: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

I understand that this application is not a rental agreement, contract or lease. I warrant and represent that I am at least 18 years of age and that all statements herein are true and correct, to the best of my knowledge. I was given the opportunity to review a sample lease or rental agreement, and the Landlord's rules and regulations. I understand the landlord treats all parties fairly and in accordance with the fair housing law. In the event that a lease is signed I authorize the Landlord to contact my emergency contact to discuss issues related to my tenancy. By signing below I authorize the Landlord and Manager to investigate my references, credit, financial responsibility, income, rental and eviction history, and the statements made in this application, and to obtain a consumer Credit report from a consumer reporting agency.

Potential Tenant Signature _____
DATE
 Notice: You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the Internet at <http://www.widocoffenders.org> or by phone at 877-234-0085.