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820 BAKER ST., WISCONSIN RAPIDS, WI 54494  
(715) 423-1255 FAX: (715) 423-1310  
EMAIL: OFFICE@GOODNESSCOMPANY.COM

**PERSONAL INFORMATION:**

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF LANDLORD: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_

PRIOR ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF LANDLORD: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_

HOW MANY WILL BE LIVING IN THIS UNIT? \_\_\_\_\_

ADULTS: \_\_\_\_\_ CHILDREN: \_\_\_\_\_ PETS: \_\_\_\_\_ WEIGHT OF PETS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOW LONG EMPLOYED: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**SPOUSE/SIGNIFICANT OTHER/ ROOMMATE INFORMATION:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: POSITION: \_\_\_\_\_

HOW LONG EMPLOYED: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**BANK INFORMATION:**

BANK NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHECKING ACCOUNT NO: \_\_\_\_\_ SAVINGS ACCOUNT NO: \_\_\_\_\_

**PERSONAL REFERENCES:**

| NAME | RELATIONSHIP | TELEPHONE |
|------|--------------|-----------|
|      |              |           |
|      |              |           |
|      |              |           |

**OTHER INFORMATION:**

NUMBER OF VEHICLES (INCLUDING CO. CAR): \_\_\_\_\_

MAKE/MODEL: YEAR: COLOR: LICENSE: ST \_\_\_\_\_ ATE: \_\_\_\_\_

MAKE/MODEL: YEAR: COLOR: LICENSE: ST \_\_\_\_\_ ATE: \_\_\_\_\_

MAKE/MODEL: YEAR: COLOR: LICENSE: ST \_\_\_\_\_ ATE: \_\_\_\_\_

**HAVE YOU EVER :**

• FILED FOR BANKRUPTCY YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

• BEEN SERVED AN EVICTION NOTICE OR BEEN ASKED TO VACATE A PROPERTY YOU WERE RENTING? YES \_\_\_\_\_ NO \_\_\_\_\_

• WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHEN? \_\_\_\_\_

HOW WERE YOU REFERRED TO US? \_\_\_\_\_

ADDRESS OF RENTAL UNIT APPLIED FOR: \_\_\_\_\_

COMMENCEMENT DATE: \_\_\_\_\_ YEARS: \_\_\_\_\_ MONTHLY RENT: \_\_\_\_\_

**CONSENT TO OBTAIN CREDIT INFORMATION:**

As a material inducement to be considered as a tenant for the Premises, I herewith consent to and authorize GOODNESS PROPERTIES, or any agent of the same, to contact all references named in this application, and to conduct a credit review, including obtaining my credit report from any authorized credit reporting agency. I declare under penalty of perjury, that the information listed in this application is true and correct.

EXECUTED ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2011 IN THE CITY OF \_\_\_\_\_, WISCONSIN.

SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY-DO NOT WRITE BELOW**

| APPLICATION VERIFICATION         | PERSON CONTACTED | REMARKS |
|----------------------------------|------------------|---------|
| PRESENT LANDLORD: _____          |                  |         |
| PREVIOUS LANDLORD: _____         |                  |         |
| APPLICANTS EMPLOYMENT: _____     |                  |         |
| CO-APPLICANTS EMPLOYMENT: _____  |                  |         |
| BANK: _____                      |                  |         |
| REFERENCE (1): _____             |                  |         |
| REFERENCE (2): _____             |                  |         |
| REFERENCE (3): _____             |                  |         |
| DRIVER'S LICENSE /ID: _____      |                  |         |
| CREDIT BUREAU: _____             |                  |         |
| VERIFICATION COMPLETED BY: _____ |                  |         |
| APPROVED: YES: _____ NO: _____   |                  |         |