

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

WITH YOUR BEST INTERESTS IN MIND, THE FOLLOWING INFORMATION IS NECESSARY.

PERSONAL INFORMATION:

DATE: _____ DATE OF BIRTH: _____

FULL NAME: _____ TELEPHONE: _____

CELL PHONE: _____ 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? _____

EMPLOYER: _____ POSITION: _____

HOW LONG EMPLOYED: _____ TELEPHONE: _____

GROSS SALARY/INCOME _____ ☐ PER WEEK ☐ TWO WEEKS ☐ MONTH (CHECK ONE)

TAKE HOME PAY _____ ☐ PER WEEK ☐ TWO WEEKS ☐ MONTH (CHECK ONE)

PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION _____ HOW LONG EMPLOYED: _____

GROSS SALARY/INCOME _____ ☐ PER WEEK ☐ TWO WEEKS ☐ MONTH (CHECK ONE)

TAKE HOME PAY _____ ☐ PER WEEK ☐ TWO WEEKS ☐ MONTH (CHECK ONE)

OCCUPANTS (LIST EACH PROSPECTIVE OCCUPANT, INCLUDING CHILDREN)

HOW MANY WILL BE LIVING IN THIS UNIT?

ADULTS: _____ CHILDREN: _____ PETS: _____ WEIGHT OF PETS: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

SPOUSE/SIGNIFICANT OTHER/ ROOMMATE INFORMATION

NAME: _____ DOB: _____

CELL PHONE: _____ EMAIL: _____

SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____

EMPLOYER: _____ POSITION: _____

HOW LONG EMPLOYED: _____ TELEPHONE: _____

GROSS SALARY/INCOME _____ ☐ PER WEEK ☐ TWO WEEKS ☐ MONTH (CHECK ONE)

TAKE HOME PAY _____ ☐ PER WEEK ☐ TWO WEEKS ☐ MONTH (CHECK ONE)

PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION _____ HOW LONG EMPLOYED: _____

GROSS SALARY/INCOME _____ ☐ PER WEEK ☐ TWO WEEKS ☐ MONTH (CHECK ONE)

TAKE HOME PAY _____ ☐ PER WEEK ☐ TWO WEEKS ☐ MONTH (CHECK ONE)

PERSONAL REFERENCES

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK INFORMATION

BANK NAME: _____ TELEPHONE: _____

ADDRESS: _____

CHECKING ACCOUNT NO.: _____ SAVINGS ACCOUNT NO.: _____

OTHER INFORMATION

NUMBER OF VEHICLES (INCLUDING CO. CAR): _____

MAKE/MODEL: _____ YEAR: _____ COLOR: _____ LICENSE: _____ STATE: _____

MAKE/MODEL: _____ YEAR: _____ COLOR: _____ LICENSE: _____ STATE: _____

MAKE/MODEL: _____ YEAR: _____ COLOR: _____ LICENSE: _____ STATE: _____

EMERGENCY CONTACT INFORMATION (PLEASE PROVIDE TWO EMERGENCY CONTACTS).

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL PHONE: _____

HAVE YOU EVER :

FILED FOR BANKRUPTCY: ☐ YES ☐ NO IF YES, WHEN? _____

BEEEN 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

BROKEN A LEASE: ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

HOW WHERE 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 _____, 20_____ in the City of Wisconsin Rapids, Wisconsin.

Signature: _____

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