



**ACTIVE LIVING OPTIONS**

*Independent Living for Active Seniors*

8014 Hillpoint Road  
Cross Plains, WI 53528

☎ (800) 644-3550  
FAX (608) 798-4315

**RENTAL APPLICATION**

Landlord \ Manager: Active Living Options

APPLICANT

CO-APPLICANT

Name	_____	_____
Telephone #	_____	_____
Social Security #	_____	_____
Date of Birth	_____	_____
Employer	_____	_____

Please list your total yearly gross family income:

Employment:	_____	_____
Social Security	_____	_____
Pension	_____	_____
Other- Type _____	_____	_____
Type _____	_____	_____
<b>TOTALS</b>	_____	_____

Names of other persons to occupy the unit:

\_\_\_\_\_

Current Address \_\_\_\_\_

Owner \_\_\_\_\_ Telephone # \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Previous Address (If Within 3 Years) \_\_\_\_\_

Owner \_\_\_\_\_ Telephone # \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Previous Address (If within 3 Years) \_\_\_\_\_

Owner \_\_\_\_\_ Telephone # \_\_\_\_\_

Month & year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Bank and credit references:

	Name	City-State	Type of Account
Bank	_____	_____	_____
Bank	_____	_____	_____
Credit	_____	_____	_____
Credit	_____	_____	_____

Have you ever:

Filed for bankruptcy?	___ Yes	___ No
Been evicted from tenancy?	___ Yes	___ No
Convicted of a felony	___ Yes	___ No
Refused to pay rent when due?	___ Yes	___ No

In the event there is an emergency, who do you wish to have contacted?

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_

Please give any other information which might be helpful to evaluate this application:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY. APPLICATION MUST BE SIGNED.**

I hereby authorize the manager, and any consumer of credit reporting agency or bureau authorized by it, to investigate credit and financial responsibility, income level, rental and eviction history, and the statements made with this application. The manager is also authorized to report my performance under this lease to any such agency, person or organization.

I warrant that all statements made in this application are true and correct, to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_