

**Wellston Apartments**  
 117 N. Jefferson Street, Suite 202  
 Milwaukee, WI 53202  
 Office (414) 271-5201 Fax (414) 271-5652

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Mr./Ms./Mrs. \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Email Address \_\_\_\_\_  
 Party to notify in case of emergency \_\_\_\_\_ Relationship \_\_\_\_\_  
 May the emergency contact be allowed in your apartment by Owner in your absence? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Emergency Contact Phone Number \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
 Auto Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Lic. Plate # \_\_\_\_\_  
 Auto Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Lic. Plate # \_\_\_\_\_

1) Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Reason for Moving \_\_\_\_\_  
 Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 2) Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Reason for Moving \_\_\_\_\_  
 Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Have you ever been evicted? \_\_\_\_\_; filed bankruptcy? \_\_\_\_\_; been convicted of a felony? \_\_\_\_\_ If you answered yes to any of the above, please explain \_\_\_\_\_**

**Please complete your current employment information:**

Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position \_\_\_\_\_ How Long \_\_\_\_\_ Gross Mo. Income \_\_\_\_\_  
 2<sup>nd</sup> Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position \_\_\_\_\_ How Long \_\_\_\_\_ Gross Mo. Income \_\_\_\_\_  
 Other Income \_\_\_\_\_ Gross Mo. Income \_\_\_\_\_  
 Other Income \_\_\_\_\_ Gross Mo. Income \_\_\_\_\_

**Names and birthdates of any additional parties to occupy premises:** \_\_\_\_\_

Applicant agrees that we may contact those parties given as references, criminal background and credit reporting agencies in connection with verification of the representation herein made by the applicant. If Applicant is accepted for occupancy, Applicant agrees that Owner may order updates of criminal background and credit check during the Lease term and such check may be used by Owner in determining whether a Lease renewal will be offered. Applicant further agrees that in the event that the Applicant defaults on the Lease or any renewal thereof, Owner or Owner's agents, which may include its attorneys, may order credit reports on the Applicant until such time as any balance due Owner has been paid in full. Applicant also agrees that this form may be faxed or mailed to given references and/or employer(s).

The undersigned applicant hereby declares that the representations of fact contained in the foregoing application are considered part of the Lease and are true and correct. I agree that if any information herein contained is false, the Applicant may be declared in default under the Lease and the Lease made in the strength of this application may, at the option of the Owner, be terminated at any time due to such default.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Address Applying For: _____	
Move in Date _____	Landlord Verification _____
Rent Amount \$ _____ Prorated Rent \$ _____	Employer Verification _____
Security Deposit \$ _____ Parking \$ _____	Credit check _____
Amount Rec'd \$ _____	Criminal Background Check _____
Application Approved or Denied by _____	Date & Time _____ Notified _____