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# RENTAL APPLICATION

\*Each adult applicant (18 years of age or older) must complete/sign an application.  
\*Incomplete applications and/or applications standards will not be considered.  
\*Your application will be denied if you misrepresent any information in this application.  
\*Please print legibly.  
\*Proof of identification is required. ID must match current address on application.

Date: \_\_\_\_\_

Leasing Agent: \_\_\_\_\_

## UNIT INFORMATION (To be completed by Leasing Agent)

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Included:  Heat  Range/Refrigerator  Water / Sewer; \_\_\_\_\_% billed if water / sewer is not included  
Rent \$ \_\_\_\_\_ Pet Fee \$ \_\_\_\_\_ Smoking Fee \$ \_\_\_\_\_ Appliance Fee \$ \_\_\_\_\_ = Total Monthly \$ \_\_\_\_\_

## PLEASE TELL US ABOUT YOURSELF

NAME (First/Middle/Last) \_\_\_\_\_

WORK PHONE(\_\_\_\_\_) \_\_\_\_\_ CELL PHONE(\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Driver's Lic # & State \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

OTHER OCCUPANT (include full names) RELATIONSHIP DATE OF BIRTH SOCIAL SECURITY #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of Occupants \_\_\_\_\_ How many smokers will occupy the unit? \_\_\_\_\_

How many pets do you or other occupants own? \_\_\_\_\_ Type of pet, breed, weight and age \_\_\_\_\_

## PLEASE DETAIL YOUR RESIDENCE HISTORY (Beginning with Most Current)

CURRENT ADDRESS \_\_\_\_\_

Own / Rent, Dates of occupancy \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Own / Rent, Dates of occupancy \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Own / Rent, Dates of occupancy \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

## PLEASE DETAIL YOUR EMPLOYMENT INFORMATION

EMPLOYMENT STATUS:  Full Time  Part-Time  Student  Retired  Not Employed

CURRENT EMPLOYER \_\_\_\_\_

Address \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Date(s) Employed: From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

HR or Payroll Phone (\_\_\_\_\_) \_\_\_\_\_ HR or Payroll Contact Person \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

Address \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Date(s) Employed: From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

HR or Payroll Phone (\_\_\_\_\_) \_\_\_\_\_ HR or Payroll Contact Person \_\_\_\_\_

\*\*\*\*\* APPLICATION CONTINUES ON THE REVERSE SIDE OF FORM \*\*\*\*\*

**List any additional income to be considered – verification of income required**

AMOUNT\$ \_\_\_\_\_ PER \_\_\_\_\_ SOURCE \_\_\_\_\_ TELEPHONE(\_\_\_\_\_) \_\_\_\_\_

AMOUNT\$ \_\_\_\_\_ PER \_\_\_\_\_ SOURCE \_\_\_\_\_ TELEPHONE(\_\_\_\_\_) \_\_\_\_\_

**CREDIT AND FINANCIAL INFORMATION**

BANK \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ ACCOUNT TYPE \_\_\_\_\_

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**CHARACTER REFERENCES**

NAME \_\_\_\_\_ Address \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ Address \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

**PLEASE LIST AN EMERGENCY CONTACT PERSON (NOT OTHER APPLICANT)**

NAME \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_ Home # (\_\_\_\_\_) \_\_\_\_\_ Work # Phone(\_\_\_\_\_) \_\_\_\_\_

**PLEASE DETAIL VEHICLE INFORMATION**

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag#/State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag#/State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag#/State \_\_\_\_\_

Total number of Vehicles (including Company Vehicle) \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONS**

**HAVE YOU . . .**

Been sued for non-payment of rent? YES NO Been evicted or asked to move out? YES NO

Broken a Rental Agreement or Lease? YES NO Been sued for damage to rental property? YES NO

Declared Bankruptcy? YES NO

Ever had dealings with the police other than a traffic ticket? YES NO

If YES, Please explain \_\_\_\_\_

Renter's Insurance is **REQUIRED**. Proof of insurance for each leaseholder will be required upon a signed lease agreement.

**CONSENT TO BACKGROUND AND REFERENCE CHECK**

I (print full name) \_\_\_\_\_ authorize Benkowski Builders Inc., before, during and/or after my tenancy, to investigate my credit and financial responsibility, income, rental and eviction history, the statements made in this rental application and to obtain information about me from my credit sources, credit report, current and previous landlords and employers and personal references.

I hereby authorize the Landlord and Manager to obtain a consumer credit report on me from a consumer reporting agency that complies and maintains files on consumers on a nationwide basis. My performance under any lease or rental agreement that I may enter into with the Landlord may be reported to such reporting agency.

I authorize my credit sources, credit companies, current and previous landlords and employers and personal references to disclose to Benkowski Builders Inc. such information as may be requested.

I certify that all the information provided in this application is true and accurate.

**This form may be reproduced or photocopied and a copy shall be as effective as the original that I have signed.**

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

Social Security # \_\_\_\_\_