

APPLICATION FOR RENTAL AGREEMENT & REGISTRATION



FRONTIER PROPERTY MANAGEMENT, LLC 200 SWIGGUM RD. WESTBY, WI. 54667

DATE:

PHONE 608-634-6448 FAX: 608-634-6449

LOCATION DESIRED:

PLEASE FILL OUT COMPLETELY AND LEGIBLY. INCOMPLETE APPLICATION MAY DELAY THE APPROVAL PROCESS

RENTAL HISTORY					
FIRST NAME	MIDDLE	LAST NAME	DRIVERS LICENSE NUMBER	SSN	DOB
CURRENT ADDRESS			CITY	STATE/ZIP	PHONE
PRESENT LANDLORD	ADDRESS		PHONE	DATES RENTED MM/YY	RENT \$
PRIOR LANDLORD	ADDRESS		PHONE	DATES RENTED MM/YY	RENT \$
PRIOR LANDLORD	ADDRESS		PHONE	DATES RENTED MM/YY	RENT \$
EMPLOYMENT					
CURRENT EMPLOYER			GROSS PAY/MONTH	YEARS EMPLOYED	POSITION
EMPLOYER ADDRESS			CITY/STATE		PHONE
PRIOR EMPLOYER			GROSS PAY/MONTH	YEARS EMPLOYED	POSITION
EMPLOYER ADDRESS			CITY/STATE		PHONE
OTHER INCOME – LIST ANY OTHER INCOME FROM NON-EMPLOYMENT SOURCES					
AMOUNT			SOURCE		
AMOUNT			SOURCE		

CO-APPLICANT INFORMATION (ALL ADULT OCCUPANTS)

RENTAL HISTORY					
FIRST NAME	MIDDLE	LAST NAME	DRIVERS LICENSE NUMBER	SSN	DOB
CURRENT ADDRESS			CITY	STATE/ZIP	PHONE
PRESENT LANDLORD	ADDRESS		PHONE	DATES RENTED MM/YY	RENT \$
PRIOR LANDLORD	ADDRESS		PHONE	DATES RENTED MM/YY	RENT \$
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EMPLOYMENT					
CURRENT EMPLOYER			GROSS PAY/MONTH	YEARS EMPLOYED	POSITION
EMPLOYER ADDRESS			CITY/STATE		PHONE
PRIOR EMPLOYER			GROSS PAY/MONTH	YEARS EMPLOYED	POSITION
EMPLOYER ADDRESS			CITY/STATE		PHONE
OTHER INCOME – LIST ANY OTHER INCOME FROM NON-EMPLOYMENT SOURCES					
AMOUNT			SOURCE		
AMOUNT			SOURCE		

MINOR OCCUPANTS/DEPENDENTS

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH
NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH
NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH

NAME		RELATIONSHIP TO APPLICANT		DATE OF BIRTH
MANUFACTURED HOME INFORMATION				
MANUFACTURER	YEAR	SIZE	SERIAL #	NAME ON TITLE
SIDING TYPE	COLOR	ROOF TYPE	SELLING DEALER	
DEALERSHIP CONTACT	PHONE	LENDER/ADDRESS		PHONE
INSURANCE AGENT	PHONE	*ALL HOMES MUST BE INSURED AT ALL TIMES	LIENS HOLDER	

ADDITIONAL INFORMATION				
VEHICLE MAKE/MODEL		COLOR		LICENSE PLATE #
VEHICLE MAKE/MODEL		COLOR		LICENSE PLATE #
EMERGENCY CONTACT		RELATIONSHIP TO APPLICANT		PHONE
ADDITIONAL EMERGENCY CONTACT		RELATIONSHIP TO APPLICANT		PHONE
PET TYPE (CAT OR DOG)	PET NAME	BREED		WEIGHT
PET TYPE (CAT OR DOG)	PET NAME	BREED		WEIGHT

DISCLOSURES

Please answer the following questions about you and any other proposed occupant of the site.

NO YES

- Known by any other name(s)? List: _____
- Convicted for the illegal manufacture or distribution of a controlled substance?
Describe: _____
State conviction took place: _____
- Been evicted or served with a notice of a breach of your lease?
Describe: _____
- Arrested or convicted of a crime? (A "yes" answer **does not** automatically disqualify you for tenancy.)
Describe: _____
State arrest or conviction took place: _____

Management reserves the right to deny tenancy if:

- You misrepresent any information on this application. If misrepresentations are found later, your lease may be terminated.
- Your background check includes drug, other criminal activity or prior evictions or unsatisfied judgements.
- Your credit check shows an unsatisfactory record.
- Any other lawful reason.

CERTIFICATION AND AGREEMENT – Please read carefully!

A credit check fee of \$ _____ applies. (\$20 maximum per person)

I represent that the information provided is true and correct to the best of my knowledge. I understand that if my application is accepted any false statements on, or omissions from this application may result in eviction. Landlord authorized to investigate my personal history, financial and credit record through any investigation agency or bureaus of Landlord’s choosing. I understand Landlord may also use state court records and the sex offender registry. I understand that a security deposit, earnest money deposit, if any, will be returned if my application is not accepted; however, a credit check fee, if any, is non-refundable.

I understand that a security deposit, if paid to hold a location, is non-refundable if all requirements are not met.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

DATE

ANIMAL AGREEMENT AND RULES

Any animal must be pre-approved before being brought into the community

Some of our rental homes are a no animal home

All Frontier Property Management Communities

Rental home \$50.00 per animal per month and \$450 animal deposit is required for rentals

Lot rent pet is \$15.00 per animal per month,

Resident(s) understands and agrees that the following is the only animal allowed in the above named manufactured home community pursuant to the community's covenants and that no animal of any guest is allowed in the community.

___ Cat(s) Name _____ Color _____ Male or Female
___ Dog(s) Name _____ Color _____ Male or Female
Breed _____ Pounds _____ Inches _____

Resident(s) agrees to comply with state and local laws, regulations or ordinances governing the proper inoculation and licensing of any animal allowed to remain in the community. In the event of offspring, the management must be notified and written permission obtained for the offspring to stay in the community for an interim period. Resident(s) understands that he/she is responsible for any damage to the community property or the property of other residents caused by the animal.

Resident(s) agree to the following:

- 1. If a dog is allowed in the community:
 - a. Disturbances such as barking, snarling, growling, aggressive behavior etc. which annoy your neighbors and damage to property, is cause for revoking permission to keep your animal and or service animal.
 - b. Any dog or cat, when not inside your residence must be on a leash. We do not allow animals to be tied up outside your home.
- 2. The following applies to all animals:
 - a. No animals to invade the privacy of anyone's homesite, flowerbeds, shrubs, Etc.
 - b. No animals are permitted in the recreation area, common areas.
 - c. Droppings must be picked up and disposed of **DAILY.**
 - d. If an animal is lost, written permission must be acquired from management before replacing the animal. In the event the community revises its covenants to prohibit animals in the community, the resident(s) shall not have the right to replace the animal.
 - e. No dog or other domestic animal is allowed to run at large in the community
 - f. Proof of insurance may be required, along with proof of proper licensing and inoculations.
 - g. Tenants will be responsible for the conduct of and any destruction by their respective animals, be it a service animal, comfort animal.
 - h. Dogs urinating on the Air Conditioning unit. If the AC unit is found to be damaged by pet urine, the tenant will be responsible for the cost of repair and parts and /or replacement.**
 - i.

I HAVE READ THE ABOVE ANIMAL AGREEMENT AND RULES AND AGREE TO ABIDE BY THE TERMS AND PROVISIONS OF THIS AGREEMENT. I UNDERSTAND THAT VIOLATION OF ANY OF THESE RULES IS CAUSE FOR REVOKING PERMISSION TO KEEP AN ANIMAL AND MAY BE GROUNDS FOR TERMINATION OF MY TENANCY. **SHOULD YOU BE FOUND HAVING AN UNAUTHORIZED ANIMAL(S) YOU WILL BE BILLED FROM THE BEGINNING OF YOUR LEASE, \$50 PER ANIMAL PER MONTH, AND THE ANIMAL MAY BE PROHIBITED FROM BEING IN THE COMMUNITY.**

Date: _____ (Resident Signature)

Permission is given to the above resident(s) to keep the following described ANIMAL at _____
TYPE _____ WEIGHT _____ AGE _____ COLOR _____ NAME _____
Date: _____ Community Manager

IF NO PETS PLEASE CROSS THROUGH PAGE, SIGN AND DATE

Employment Verification

Employer's Name & Mailing Address:

Phone #: (____) _____

Fax #: (____) _____

Employee: _____

The recipient named above has applied for tenancy with _____ to determine eligibility. Please complete the following information and return as soon as possible in the envelope provided.

Your assistance in completing this form accurately and timely is greatly appreciated!

Applicant/Tenant Release

Applicant/Tenant Name:

I hereby authorize the release of the following information in order to determine my eligibility for tenancy. Please complete this form in full and return it at your earliest convenience.

Signature: _____ **Social Security #:** _____-_____-_____

If the item does not apply, please indicate by placing "N/A" on the appropriate line.

Position or Title: _____ **Date of Hire:** _____

Compensation Information

		YES	NO
1. Hourly Wages \$ _____			
2. # of Hours/Week _____	Has employment been continuous?	?	?
3. # of Weeks/Year (Including paid vacations) _____	If NO, please explain _____		

Overtime Information

4. Hourly Overtime Wages \$ _____	Is overtime seasonal?	?	?
5. # of Overtime Hours/Week _____	# of Weeks of OT/Year _____		

Raise Information

6. Next Raise (Please state, hourly increase) \$ _____	Comments: _____
7. Date of Next Raise _____	_____

Additional Compensation Information

8. Tips/Week \$ _____	Comments: _____
9. Bonuses, Commissions or Other Types \$ _____	_____

Signature of Source: _____	Title: _____
Phone #: _____	Date Completed Form: _____

Office Use Only:

Date Received:

Calculations: