



HOME CONNECTIONS LLC
TENANT TO FILL OUT AND FAX BACK TO
262-925-6865 OR CALL 262-620-6502 to arrange a
meeting.

APPLICANT: PLEASE PROVIDE NAME AND CONTACT ON CURRENT EMPLOYER. PLEASE PROVIDE NAME AND CONTACT FOR PREVIOUS RENTAL. THE PERSONAL INFORMATION PROVIDED BELOW IS NOT SHARED. IT IS USED FOR CONFIRMATION OF BACKGROUND INFORMATION ONLY. A COPY OF YOUR DRIVERS LICENSE IS REQUIRED OR YOUR STATE I.D. YOU MUST STATE ANYONE 18 OR OLDER WHO WILL BE LIVING IN THE UNIT!!!

PRINT YOUR NAME: _____
SOCIAL SECURITY #: _____
DL #: _____
BEST CONTACT NUMBER: _____

PRINT YOUR NAME: _____
SOCIAL SECURITY #: _____
DL: _____
BEST CONTACT NUMBER: _____

EMPLOYMENT: - WHERE YOU WORK NOW

COMPANY: _____

CONTACT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

RENTAL: - WHERE YOU LIVE NOW

ADDRESS OF RENTAL: _____

TIME RENTED: _____

OWNER/MANAGER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

IF LESS THAN ONE YEAR AT EITHER OF ABOVE, PLEASE PROVIDE A SECOND CONTACT FOR EACH BELOW.

EMPLOYMENT:

COMPANY: _____

CONTACT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

PREVIOUS RENTAL:

ADDRESS OF RENTAL: _____

TIME RENTED: _____

OWNER/MANAGER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

PLEASE SIGN BELOW SO SHOW AUTHORIZATION FOR RELEASE OF EMPLOYMENT AND RENTAL HISTORY INFORMATION AS NECESSARY FOR RENTAL APPLICATION PROCESS:

PROSPECTIVE TENANT #1- SIGNATURE
DATE: _____ -

PROSPECTIVE TENANT #2 - SIGNATURE
DATE: _____