



Bachand Group

Property Management

1406 Belknap Street
Superior, WI 54880
(715) 394-4667

Note: Please print this application, sign it and then either drop it off at our office, fax it, or scan the signed copy and email it.

Office:

1406 Belknap Street
Superior, WI 54880

Fax:

715-394-5482

Email:

kate@bachandgroup.com

Phone:

715-394-4667

Thanks,

Bachand Group

RESIDENTIAL LEASE APPLICATION

Landlord/Lessor: _____ Date of Application: _____
Location of Residence: _____

Name of Tenant: _____
Maiden Name if used in rental history: _____
Home Phone: _____ Cell Phone: _____
Drivers License No. _____ State of Issuance: _____
Social Security #: _____ Date of Birth: _____
Spouse Name: _____
Social Security #: _____ Date of Birth: _____
Who will live in residence other than applicant, include children?

Place of Employment: _____
Address: _____
Supervisor: _____ Phone: _____
Your Job Title: _____ Work Hours: _____
Monthly Pay: _____ How long at current job? _____
Other sources of income: _____

Do you intend to reside here indefinitely? Yes No
-If no, how long? _____
Have you ever filed Bankruptcy? Yes No
-If yes, court and cause number? _____
Are you a party to any lawsuit? Yes No
-If yes, please describe. _____
Are there any judgments against you? Yes No
-If yes, please describe. _____

Bank Name: _____ Phone: _____
Account No: _____ Account No. _____
Credit References:
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

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By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.

Signed: _____ Print Name: _____ Date: _____ Applicant

Signed: _____ Print Name: _____ Date: _____ Spouse

Conditions and Information

All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application.

This application will be approved or rejected usually within five (5) days of being submitted to landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.

Landlord complies with all Federal and State laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, national origin, or other prohibited classifications.

For Landlord's Use Only

Rent Amount: _____

Deposit: _____

Date Lease to begin: _____

End of Lease: _____

Number of Occupants: _____

Do you have any pets that you would like to occupy the residence? Yes No

If yes, please describe: _____

Note: This provision does not imply that pets are allowed.

Have you ever been evicted from a rental unit? Yes No If yes, provide reason for eviction: _____

Motor Vehicle Identification: _____

Year	Make/Model	Color	Tag Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Credit Cards

Creditors	Type Of Debt	Amount Owed	Monthly Payment
Type: _____ Card # _____	Type: _____ Card # _____	Type: _____ Card # _____	Type: _____ Card # _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person to notify in case of emergency: _____ Phone: _____

Present Address: _____ Zip: _____

How long? _____ Reason for leaving: _____

Name and phone # of owner/manager: _____

Previous Address: _____

When? _____ Reason for leaving: _____

Previous Address: _____

When? _____ Reason for leaving: _____

DISCLOSURE OF MANAGER:

The Manager of the Premises is _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

OWNER DISCLOSURE: The owner of the premises or a person authorized to act for and on behalf of the owner for the purpose of service of process and receiving and receipting for notices and demands is disclosed as:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

RADON GAS DISCLOSURE. Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in every State of the United States. Additional information regarding radon gas may be obtained from your County public health unit.

See also <http://www.epa.gov/iaq/radon/>

CONSENT TO CREDIT CHECK

I/We, _____, the undersigned applicant(s) authorize landlord, _____, or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Signed: _____ Print Name: _____ Date: _____ Applicant

Signed: _____ Print Name: _____ Date: _____ Spouse

Bachand Group, Inc.
88 Aspen Court-Superior, WI 54880

Application for Occupancy

Rental History Reports, Inc.
10505 Wayzata Blvd. #200-Minnetonka, MN 55305
Phone (952) 545-3953 Fax (952) 545-3973
(800) 389-4023 Fax (888)389-4024

Applicant

Last Name _____ First Name _____ Middle _____ DOB _____ Social Security# _____ Telephone# _____

Spouse

Last Name _____ First Name _____ Middle _____ DOB _____ Social Security# _____ Telephone# _____

Maiden Name

Last Name _____ First Name _____ Middle _____ (if maiden was used in your rental history)

Addresses

Current _____ Apt# _____ From/To _____ City _____ State _____ Zip _____

Management (phone#) _____

Previous _____ Apt# _____ From/To _____ City _____ State _____ Zip _____

Management (phone#) _____

Previous _____ Apt# _____ From/To _____ City _____ State _____ Zip _____

Management (phone#) _____

Employment Info

Applicant Work# _____ Company Name _____ Applicant License# _____ State _____

Spouse Work# _____ Company Name _____ Spouse License# _____ State _____

License Information

Have You Ever

Refused to Pay Rent When Due: Yes ___ / No ___ Filed for Bankruptcy: Yes ___ / No ___ Been Evicted: Yes ___ / No ___

Been Convicted of a Crime: Yes ___ / No ___ If yes, Explain: _____

How Did You Learn About Our Community?

Newspaper _____ Driving By _____ Referral Service _____ Current Resident _____ Yellow Pages _____ Housing Fair _____ Other _____

Signed Release

I authorize Rental History Reports/Bachand Group, INC to do a complete investigation of all information provided above. I have personally filled in and/or reviewed all information above. I understand failure to complete this form completely and truthfully may result in denial. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References (including MHPA) and Personal Interviews with the above references. I authorize Rental History to provide the credit grantor federal and state records of Employment, and Income History, including State Employment Security Agency records. This authorization is for this transaction only and continues for (1) year unless limited by state law, in which case that authorization continues in effect for the maximum period, not to exceed (1) year, allowed by law. My signature below authorizes all above listed companies to release companies to release Rental, Job History (including Salary) and Criminal Record Information.

Applicant Signature

Date

Spouse Signature

Date