

River Falls Lodging Rental Application

I. HHLD Composition

Name _____ Relationship to HoH ___ Self ___ Age ___ Sex ___ DOB _____ SS# _____
Name _____ Relationship to HoH _____ Age ___ Sex ___ DOB _____ SS# _____
Name _____ Relationship to HoH _____ Age ___ Sex ___ DOB _____ SS# _____
Name _____ Relationship to HoH _____ Age ___ Sex ___ DOB _____ SS# _____
Name _____ Relationship to HoH _____ Age ___ Sex ___ DOB _____ SS# _____

II. Questionnaire

Phone # (____)____-____ Email _____@_____ Current Address _____ State ___ ZIP _____

Name of most recent Landlord _____ Phone # (____)____-____ Alternative Contact _____

* Was there a bed bug, cockroach or other pest infestation at your previous resident? If yes, please explain

* Do you smoke? You must smoke outside in smoking area - do you agree ?

* Are you a registered sex offender? If Yes, please explain

* Are you a felon? If Yes, please explain

* Do you have any Pets? If yes, what kind and complete information below

* Name of Pet _____ Age ___ Current on shots? _____ Breed _____ Color _____ Weight ___ lbs.

* Automobile Color _____ Make _____ Model _____ Year _____ License Plate # _____ State ___

* Emergency Contact Name _____ Phone # (____)____-____ Alternative Contact _____

III. Rental History (Last 3 years)

Address _____ State ___ Zip _____ Landlord Name/Phone # _____ Dates Occupied _____

Address _____ State ___ Zip _____ Landlord Name/Phone # _____ Dates Occupied _____

Address _____ State ___ Zip _____ Landlord Name/Phone # _____ Dates Occupied _____

* Were you evicted from any of these places? Did you loose any part of your deposit? If yes, please explain

IV. Employment Income

Name of business _____ Supervisor Name/Contact _____ Monthly Net Income _____

How Long Employed _____ Years Position _____ City _____ State _____ Zip _____

Any other forms of income _____ Monthly Amount _____ Income 3 _____ Monthly Amount _____

V. Employment Income

* Use this section if you need to explain anything from above

River Falls Lodging Rental Application

Rental is fully furnished - if you want to bring any of your own furniture, please check with the owner first

VI. Release of Information

I Authorize River Falls Lodging Management or Agents to obtain one or more consumer reports as defined in the fair credit reporting act 15 U>S>D>, Section 168 la(d), seeking information on my/our creditworthiness, credit standing, rental history, criminal history, general reputation, personal characteristics, and/or mode of living

VII. Signatures

HEAD OF HOUSEHOLD

Printed Name _____ Signature _____ Date _____

ALL OTHER ADULT HHLD MEMBERS

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____