

# BETHEL HOME & SERVICES RENTAL APPLICATION FOR OCCUPANCY

RETURN COMPLETED APPLICATION TO:  
BETHEL HOME & SERVICES  
ATTN: CS ADMINISTRATOR  
614 SOUTH ROCK AVE.  
VIROQUA, WI 54665  
#608-637-6340

FOR OFFICE USE:  
DATE APPLICATION REC'D \_\_\_\_\_  
PROPERTY: \_\_\_\_\_  
REC'D BY: \_\_\_\_\_

Person completing application: \_\_\_\_\_

Current address \_\_\_\_\_ Birthdate \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone to reach you \_\_\_\_\_

Social security #: \_\_\_\_\_

Drivers license #: \_\_\_\_\_

Place employment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ How long have you worked here? \_\_\_\_\_

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Co-tenant's name (if applicable): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social security #: \_\_\_\_\_

Drivers license #: \_\_\_\_\_

Place of co-tenant's employment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ How long have you worked here? \_\_\_\_\_

Additional information you would like to share: \_\_\_\_\_

\_\_\_\_\_

List all additional persons who will be occupying the rental in addition to the applicant

Name Relationship Date of Birth / Social Sec. #

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wish to have pets living with you in the rental (additional security deposit \$300)? Yes \_\_\_\_\_  
No \_\_\_\_\_; If yes, explain what pets you have : \_\_\_\_\_  
(Note: a pet security deposit is required as well as proof of vaccinations)

Do you currently:  
Own your own home? \_\_\_\_\_ Rent a home? \_\_\_\_\_ Rent an apartment? \_\_\_\_\_  
Live with family member or friend? \_\_\_\_\_

Have you ever been evicted or asked to leave a rental property where you have lived previously?  
\_\_\_ Yes \_\_\_ No

If yes explain the circumstances (feel free to use the back of this form if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rental References:**

1) Name of current / previous landlord \_\_\_\_\_

Address: \_\_\_\_\_

Phone number \_\_\_\_\_ Current rent amount: \_\_\_\_\_

Dates that you lived in this person(s) property \_\_\_\_\_

2) Name of any other landlord \_\_\_\_\_

Address: \_\_\_\_\_

Phone number \_\_\_\_\_ Current rent amount: \_\_\_\_\_

Dates that you lived in this person(s) property \_\_\_\_\_

I / We declare that the statements and information contained in this application are true and complete.

I / We understand that the willful submission of false or misleading information may be the sole reason for rejection of this application or termination of my tenancy.

It is further understood that the completion of this application does NOT constitute an acceptance for occupancy.

I / We authorize its verifications and the obtaining of consumer credit report(s), sex offender check(s), and criminal background check(s).

I / We certify that if my / our application is accepted and I enter into a lease that this property will serve as the household's primary residence.

I / We understand that all rentals are considered **SMOKE-FREE** and that smoking within the premises, including the apartment and common areas, will be just cause for eviction.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

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Signature

Date

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Signature

Date

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Signature

Date

\*Interested in:

Bethel Parkside, LaFarge

Bethel Village, Cashton

House rentals, Viroqua

Coulee View subsidized apts., Coon Valley



