

# APPLICATION FOR RENTAL AGREEMENT & REGISTRATION

FRONTIER PROPERTY MANAGEMENT, LLC 210 STATE HIGHWAY 27 WESTBY, WI 54667

DATE: \_\_\_\_\_

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

LOCATION DESIRED: \_\_\_\_\_

PLEASE FILL OUT COMPLETELY AND LEGIBLY



RENTAL HISTORY					
FIRST NAME	MIDDLE	LAST NAME	DRIVERS LICENSE NUMBER	SSN	DOB
CURRENT ADDRESS	CITY	STATE/ZIP	EMAIL	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	EMAIL	PHONE	
PRESENT LANDLORD	ADDRESS		PHONE	DATES RENTED MM/YY	RENT \$
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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

**ADDITIONAL INFORMATION**

VEHICLE MAKE/MODEL	COLOR	LICENSE PLATE #
VEHICLE MAKE/MODEL	COLOR	LICENSE PLATE #
EMERGENCY CONTACT	RELATIONSHIP TO APPLICANT	PHONE

**THIS APPLICATION MUST BE FULLY COMPLETE. APPLICATIONS WITH RELEVANT ITEMS BLANK WILL NOT BE PROCESSED. APPLICATIONS WITH FRAUDULENT INFORMATION WILL BE REJECTED. IF FRAUDULENT INFORMATION IS DISCOVERED AFTER A RENTAL AGREEMENT IS SIGNED, AN EVICTION WILL BE FILED.**

**DISCLOSURES**

Please answer the following questions.

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: \_\_\_\_\_

**Landlord reserves the right to deny tenancy if:**

- You misrepresent information on this application. If misrepresentations are found later, your rental agreement may be terminated.
- Your background check includes drug, other criminal activity or prior evictions or unsatisfied judgements.
- Your credit check shows an unsatisfactory record.
- The applicant's rent plus home payment shall not exceed 30% of applicant's total gross household income.
- The applicant shall have verifiable income and/or employment.
- Up to 24 months of rental history must be verified of applicant's present and previous residence. A positive record of monthly rental payments and sufficient notice, with no damage is expected. Eviction or non-payment of rent to a Landlord within 5 years of the application date may result in an automatic rejection.
- Any other lawful reason.

**CERTIFICATION AND AGREEMENT – Please read carefully!**

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 is authorized to investigate my personal history, previous rental 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 nonrefundable.

**\*\*IF YOU ARE PURCHASING A HOME, NO PURCHASE SHOULD BE FINALIZED UNTIL YOUR APPLICATION HAS BEEN APPROVED. THE COMMUNITY IS NOT RESPONSIBLE FOR VERBAL COMMITMENTS MADE BY ANY SELLING AGENT OR OTHER PARTY.**

**\*\*I UNDERSTAND THAT A SECURITY DEPOSIT, IF PAID TO HOLD A LOCATION, IS NON-REFUNDABLE.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
CO- APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

# ANIMAL AGREEMENT AND RULES

**Frontier must pre-approve all animals before they are brought into a community.  
Some of our rental homes are NO animal homes.**

**All Frontier Property Management Communities**

**Rentals: Required Animal Security Deposit of \$450.00  
Plus \$50.00 fee per animal/per month**

**Lot rent: Pet fee of \$15.00 per animal per month.**

**The animal security deposit, like the rental security deposit, will be applied and refunded upon termination of tenancy.**

**A picture of the pet(s) is required along with evidence of vaccination for rabies. For your application to be considered, both are required.**

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

## MAXIMUM ANIMALS ALLOWED PER HOME – TWO (2)

\_\_\_\_ Cat \_\_\_\_ Dog    Name \_\_\_\_\_ Color \_\_\_\_\_ Male / Female  
Breed \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

\_\_\_\_ Cat \_\_\_\_ Dog    Name \_\_\_\_\_ Color \_\_\_\_\_ Male / Female  
Breed \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

NO Exotic pets, reptiles or Large Dogs (German Shepard, Doberman, Rottweiler, or Pit Bull or crossbreeds of Pit Bull, Akita, Chow Chow, Presa Canario, Sharpei, Siberian Husky, Alaskan Malamute, Wolf Hybrids, Staffordshire Bull Terrier, Great Dane, St. Bernard), but not limited to the above and any other dog that has previously bitten or have vicious tendencies.

Frontier Property Management, LLC must approve all animals prior to introduction into the community.

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 resident must notify management and obtain written permission 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 or damage to property is cause for revoking permission to keep your pet 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 or common areas.
  - c. Resident must pick up and dispose of droppings DAILY.
  - d. If an animal is lost or dies, tenant must obtain written permission from Frontier Property Management prior to replacing the animal. In the event the community revises its covenants to prohibit animals in the community, the residents 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 without a leash.
  - f. Proof of renter's 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, including service animals or support animals.
  - h. If Frontier finds that an air conditioning unit is damaged due to animal urine, the tenant remains responsible for the cost of repair and parts and/or replacement of the AC.

I HAVE READ THE ABOVE ANIMAL AGREEMENT AND RULES, AND I 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.

IF FRONTIER FINDS AN UNAUTHORIZED ANIMAL(S), YOU WILL BE BILLED \$50.00 PER ANIMAL, PER MONTH FROM THE BEGINNING OF YOUR LEASE, AND THE ANIMAL MAY BE PROHIBITED FROM REMAINING IN THE COMMUNITY.

Date: \_\_\_\_\_ Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Community Manager: \_\_\_\_\_

IF NO PETS, PLEASE CROSS THROUGH PAGE, SIGN AND DATE.

If you require a support or service animal, you must include proper physician documentation with your application. You **MUST** still register the animal! Contact our office for additional forms.

2017 Wisconsin Act 317

- If a Tenant, for the purpose of obtaining housing, intentionally misrepresents that s/he has a disability or misrepresents the need for an ESA to assist with the disability, the Tenant shall pay a fine of not less than \$500.
- If a licensed health care professional, for the purpose of allowing a patient to obtain housing, misrepresents that the patient has a disability or a disability-related need for an ESA, the health care provider shall pay a fine of not less than \$500.

# FRONTIER PROPERTY MANAGEMENT, LLC FRONTIER HOME SALES, LLC

210 State Hwy 27  
Westby, 54667  
Phone: (608) 634-6448  
Fax: (608) 634-6449

\_\_\_\_\_, applicant has submitted an application to Frontier Property Management, LLC. It is important that we determine the applicant's past history for financial obligations, especially rent. We also need to determine whether the applicant has a record of non-financial lease violations or eviction notices.

The information that we ask you to supply will be kept confidential and used only for the purpose of evaluation of the applicant's rental application. As indicated by the signature below, the applicant has consented to the release of the information we have requested.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date: \_\_\_\_\_  
Co-Applicant's Signature

**Landlord name:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**APPLICANT STOP HERE. BOTTOM PORTION TO BE COMPLETED BY LANDLORD.**

Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_. Monthly rent: \_\_\_\_\_ How many times late: \_\_\_\_\_  
Any animals? \_\_\_\_\_ If so, How many & what kind: \_\_\_\_\_  
Any damages caused by animals? \_\_\_\_\_

Did you ever file eviction proceedings for non-payment? Yes / No  
Does the applicant still have a balance with you? Yes / No  
Number of 5-day notices given for violations other than non-payment? Yes / No  
Did the applicant take care of the rental property? Yes / No If no, what damages were done? \_\_\_\_\_

Did the applicant have anyone other than those named on the lease living in the rental? Yes / No  
Did the applicant's family or guests ever damage the property? Yes / No If yes, did the applicant pay for the damages? \_\_\_\_\_  
Did the applicant violate lease terms, rules, or regulations? Yes / No If yes, which ones? \_\_\_\_\_

Was proper notice given to vacate? Yes / No  
Did you or will you return the applicants security deposit? Yes / No  
Would you rent to this applicant again? Yes / No

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

# EMPLOYMENT VERIFICATION



Employer: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee: \_\_\_\_\_

The employee named above has applied for tenancy with FRONTIER PROPERTY MANAGEMENT, LLC to determine eligibility. Please complete the following information and return as soon as possible.

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

RETURN BY FAX TO 608-634-6449 OR EMAIL TO FRONTDESK@FRONTIERPROPERTYMANAGEMENT.COM

## Application/Tenant Release

Application/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: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*\*Please have your employer fill this part out.\*\*\*

If any of the items below do not apply, please indicate by placing "n/a" on the appropriate line.

Position/Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

## Compensation Information

Hourly Wages _____		YES	NO
Hours per Week _____	Is employment continuous?	<input type="checkbox"/>	<input type="checkbox"/>
Weeks per Year _____	If NO, please explain: _____		

## Overtime Information

Hourly Overtime Wages _____		YES	NO
Overtime Hours/Week _____	Is overtime seasonal?	<input type="checkbox"/>	<input type="checkbox"/>
Weeks of OT/Year _____			

## Additional Compensation Information

Tips per Week _____	Comments: _____
Other Types _____	_____

Form Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**When to use:** To verify applicant's employment information.