Koble Investments LLC Properties 5400 Rib Mountain Drive Wausau WI 54401

Application for Occupancy

Property Address:		_Apartment #:			
Number of bedrooms:					
Anticipated Move in Date	_ Lease Term(mol	nth/year) Gara	ge#:		
Tenant To Furnish: Electric Gas	Heat				
Monthly Rent \$ Garage \$	Pet fee\$ Internet\$		TOTAL:		
APPLICANT'S Full Name (first) Social Security# Contact #		(last) / Drive	er's Lic #		
Total number of persons over 18 tha Number of children Names/A					
Current address		(city)	(state)	(zip)	
How long: Monthly Rent Am	ount\$	(city)	(state)	(210)	
Current Landlord's Name:		Phone #_			
Current Employer: Manager/supervisor's name:			Phone#		
Employers Address					
Start date:	_ Monthly Gross Wages\$	(city)	(state)	(zip)	
Government Assistance (if any):	(month/year)			
Child support (pay/receive) \$	(month/year)				
Have you ever willfully or intentional Have you ever been convicted of a fe Have you been evicted from a rental	lonv? Yes NO				
Emergency Contact Info:					
Name:	Relationship to you				
Address: Phone #					
Applicant Signature _		Da	te		

<pre>PPLICANT'S Full Name (first)</pre>				
ocial Security#		_/ Driv	er's Lic #	
Contact #				
otal number of persons over 18 t	nat will occupy this apartment			
Number of children Names				
Current address				
		(city)	(state)	(zip)
How long: Monthly Rent A	Amount\$			
Current Landlord's Name:	rrent Landlord's Name: Phone # Phone #			
Current Employer:				
Current Employer: Manager/supervisor's name:			Phone#	
Employers Address				
		(city)	(state)	(zip)
Start date:	Monthly Gross Wages\$			
Government Assistance (if any):	(m	onth/year)		
Child support (pay/receive) \$	(month/year)			
		2.1/50		
Have you ever willfully or intentior Have you ever been convicted of a			NO	
Have you been evicted from a rent			NO	
Emergency Contact Info:				
Name:	Relationship to ve	bu		
	Phone #			
Applicant Signature	9	Da	te	

Please Carefully Read Below Before Signing This Application

The purpose of this application is to determine whether I, along with co-applicant named herein, qualify as a tenant. If this application is approved, the landlord, my co-applicant, and I shall sign a written renal agreement. There is no rental agreement until the time a written agreement has been signed by the landlord and at least one tenant named herein. If this application is approved, and I fail to enter into a rental agreement, the \$100.00 deposit, and any subsequent payments made by or me or my co-applicant may be retained to compensate the landlord's cost and damages, subject to the landlord's duty to mitigate. The deposit money and any subsequent payments will be refunded, upon request, to me by the end of the next business day if this application is rejected.

I hereby authorize the landlord and its management agent to investigate my credit and financial responsibility, income, rental and eviction history, and statements made in this application, I authorize all listed prior landlords to disclose therm. Payments, and conditions of occupancy with them. I acknowledge that the management agent, the agents and employees thereof represent the interests of the landlord, but they also have a duty to treat all parties fairly and in accordance with the fair housing laws regardless of race, color, religion, sex, or national origin, and disclose material adverse facts about the property.

I warrant and represent that I am at least 18 years of age, and that all statements herein are true and correct to the best of my knowledge

Applicant Signature	Date
Applicant Signature	Date