

Present Employer _____

Address _____

How long? _____ Position _____ Gross monthly income _____

Supervisor _____ Supervisor's phone number _____

Have you ever been evicted or been served an eviction notice? _____ year _____

Have you ever filed for bankruptcy? _____ year _____

Have you ever been arrested or convicted for other than a traffic violation? _____ year _____

Do you have any pets? (number, type, approx. size and age) _____

If you do not have a job, how will you pay your rent? _____

College Students/First Time Renters:

Are your parents willing to co-sign on your lease for a six-month period at the end of which their name will be removed from the lease? _____

To the best of my knowledge all the above information is true; and by signing below, I give my consent to Boles Property Management Inc. to acquire a credit report, background check, and personal information from references listed above.

1. _____
Signature SSN # date

2. _____
Signature SSN # date

Upon approval & lease signing we will request a copy of your Driver's License for our records

Please mail, FAX, email or deliver to:

Boles Property Management Inc.
109B N Main St. Suite D
River Falls, WI 54022
Phone 715/426-6559
FAX: 715/426- 5669
manager@bolesmanagement.com
www.bolesmanagement.com

For Office Use Only:
CSR: _____
LR: _____
ER: _____
Rent to: Yes ___ No ___ Unit ID: _____
First Month Rent: _____ Date paid: _____
Security Deposit: \$ _____ Date paid: _____
Move in date: _____
Notes: _____
