



Ho-Chunk Capital Rental Application

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Co-applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Occupants			
Name:	DOB:	SSN:	
Name:	DOB:	SSN:	
Name:	DOB:	SSN:	
Building & City Preferences			
Building:		City:	
Number of Rooms:		Other Accommodations:	



References		
Name:	Address:	Phone:
1.		
2.		
3.		
Previous Landlord:	Address:	Phone:
4.		
I authorize the verification of the information provided on this form as to my credit and employment. I verify that this application is completed truthfully and to the best of my knowledge for the purpose of securing a lease agreement.		
Signature of applicant:		Date:
Signature of co-applicant:		Date: