



RENTAL APPLICATION

Karen Arms Apartments

420 North Segoe Road, Madison, WI 53705
608-238-4228

Return application via email: info@karenarms.com

PERSONAL INFORMATION

First Name:

Middle Initial:

Last Name:

Date of Birth:

Home Phone Number:

Work Phone Number:

E-mail

Number of persons to
occupy:

All Other Proposed Occupants:

.....

1) First Name:

Middle Initial:

Last Name:

Age:

Relation:

.....

2) First Name:

Middle Initial:

Last Name:

Age:

Relation:

.....

3) First Name:

Middle Initial:

Last Name:

Age:

Relation:

Additional Occupants:
(List name and age)

Do you have any pets?

Type of pet:

RENTAL HISTORY

1) Current Address:

City:

State:

ZIP Code:

Present Landlord
Name:

Phone Number:

Date In:

Date Out:

Amount of Rent \$

2) Previous Address:

City:

State:

ZIP Code:

Previous Landlord
Name:

Phone Number:

Date In:

Date Out:

Amount of Rent \$

EMPLOYMENT HISTORY

Present Occupation
or Source of Income:

Supervisor Name:

Supervisor Address:

Supervisor Phone:

Start Date:

End Date:

Current Gross
Monthly Income:

Additional Monthly
Income:

Source: