

Good Actions, LLC

Rental Application

Phone: 715-426-1191 FAX: 715-425-6961

Email: Rent@GoodActions.com

Rental Unit Address :

Apartment #

APPLICANT INFORMATION

Name	Date of Birth
Home Phone	Cell Phone
Soc. Sec. #	DL # and State
E-Mail Address	
Present Address	
Owner/Manager	Ph. # \$ Rent /month
How long at this address?	Reason for Moving

RENTAL HISTORY & PERMANENT ADDRESS

Previous Address	
Owner/Manager	Phone# Rent /month
How long at this address?	Reason for Moving
Permanent Address	
How long at this address?	Reason for Moving

EMPLOYMENT HISTORY

Present Employer	Position
Employer Phone	Dates of Employment
Supervisor Phone	Supervisor Name
Current Gross Income Per Month (before deductions)	
Other Income: Amount-	Source:
Previous Employer	Position
Employer Phone	Dates of Employment
Supervisor Phone	Supervisor Name
Reason for Leaving	

BANK & FINANCIAL INFORMATION

Bank Name _____		Bank Phone _____	
Bank Address _____			
Account Type _____		Account Number _____	
Account Type _____		Account Number _____	
Have you ever filed bankruptcy? _____		Have you ever been evicted? _____	
Vehicle Make _____		Model _____	Year _____
Have you ever been convicted of a crime? _____			

PARTIES TO BE LIVING WITH YOU

Name _____	Relationship _____	Date of Birth _____
Name _____	Relationship _____	Date of Birth _____

PERSONAL REFERENCES

Name _____	Relationship _____
Address _____	Phone _____
Name _____	Relationship _____
Address _____	Phone _____

EMERGENCY CONTACT

Name _____	Relationship _____
Address _____	Phone _____

I declare that the statements above are true and correct, and I hereby authorize verification of all above statements, references given and a credit check.

Date _____ Signature _____

Mail Application, Financial Release, & Application Fee for each person to:

GOOD ACTIONS
PO BOX 779
River Falls, WI 54022

Contact Us at:

Phone: 715-426-1191
Fax: 715-425-6961
Email: Rent@GoodActions.com



Rentals, Real Estate, Administration and Facilitation

PO Box 779, River Falls, WI 54022

Phone 715-426-1191 Fax 715-425-6961 Email awgoner@yahoo.com

RELEASE OF FINANCIAL INFORMATION

Complete this form clearly and legibly

To: _____

(Bank/Financial Institution Name print)

From: _____

(Tenant's Name print)

Account types: _____, _____

Account Numbers: _____, _____

Financial Institution phone number: (____) ____ - _____

Financial Institution fax number: (____) ____ - _____

Date: _____

Attn.: To Whom It May Concern

The person whose name appears above and whose signature appears below has applied for rental property with Good Actions, LLC and hereby authorizes the release of financial information to Good Actions, LLC. Specifically, please address your answers to the following:

1. Please confirm the existence of the account(s) and account numbers listed above.
2. How long has the applicant been a customer of the bank?
3. Is the applicant a customer in good standing with the bank?
4. When did the applicant open the account(s) listed above?
5. Does the applicant have direct deposit to the account(s)? Which account(s)?
6. What is the average amount deposited into the account(s) over the last 12 months?

7. What is the balance in the account at the time of this inquiry? Average balance over the last 12 months?
8. Does the applicant have overdraft protection on the account(s)?
9. Is there any history of Insufficient Funds or Overdrafts in the account(s)? Describe.
10. Does the applicant have any loans with the bank and for what purpose were the loans made?
11. If any, what is/are the outstanding balance(s) of the loan(s)?

Please fax or email or your response to Good Actions, LLC, Attn. Gregory Erickson as follows:

Fax: 715-425-6961

Email: awgoner@yahoo.com

Thank you.

Tenant's Signature

Tenant's Name (print)

Confidentiality Notice

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