CENTRAL PARK WEST APARTMENTS Apartment Rental Application

Visit our new website at: www, Central Park West Manitowoc.com

Property owned by: Date of Application: _____ CPW, LLC P.O. Box 1243 Occupancy Date: _____ Manitowoc, WI 54221-0232 Manager, Jody Deering Cell Phone: (920) 323-2561 Fax: (313) 228-0805 Monthly Rent: _____ Security Deposit: _____ Pet Deposit: ____ Apt. #_____ Property Address: S.S. # Applicant: _____ Birth date: _____ S.S. #_____ Applicant:______ Birth date: _____ Present Address: _______ (please be sure to list city, state and zip code) How long at this address? Phone number: _____ Landlord's name: Phone number: Have you ever been evicted? ______ if yes, please explain.___ Have you had any problems with previous landlord? No____ If yes, please explain: Do any of the applicants have a pet? Yes*_____ No_ *If yes applicant must sign a pet agreement and pay pet deposit and/or fee at time of occupancy. Auto (make and model) #1______ #2__ **EMPLOYMENT:** If employed less than one year, provide previous employer besides present employer: Name & address:_____ _____ Employer Phone:_____ How long (employment): _____ Hourly wage: _____ Monthly wage: _____ Spouse/Roommate's present employer and income: Name & address: _____ Employer Phone: _____ Hourly wage: ____ Monthly wage: _____ Employer Phone: _____ Additional income (you or your roommate/spouse-please explain):_____ **BANKING INFORMATION:** Name of bank/banks, types of accounts, phone #:_____ Credit Cards, type, how long held: Personal References: Name: ______ Phone: _____ Name: Relationship: Phone: I certify that all the above information is correct and authorize a Credit record check: How did you hear about this apartment? Newspaper____ Referral: ____ other: ___ Sign in front____

Thank you!