

LAB

RCAC

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APPLICATION FOR OCCUPANCY LIST

Prairie Memorial Housing, LLC
Community Health Services Corporation
720 South Fremont Street
Prairie du Chien, WI 53821

Today's Date

Referred by:

Applicant's Full Name

Present Address

(Mailing Address)

(City)

(State)

(Zip)

Telephone Number

Marital Status

(Married, Unmarried, Separated)

Social Security Number

Sex

Date of Birth

Spouse/Co-Tenant

Age

Spouse Soc. Sec. No,

Sex

Date of Birth

Occupation

preferred bedrooms

Other Members of Household:

Name

Relationship

Address

Phone

Zip Code _____

Personal References

Name _____

Phone _____

Address _____

Name _____

Phone _____

Address _____

Application for Occupancy List

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Vehicle

List vehicle to be parked at premises:

Make

Model

Year

Credit/Criminal History

Bank Name _____

Phone _____

Address _____

Have any of the occupants listed above ever been: convicted of a felony? _____ Received
deferred adjudication for a felony? _____ Been evicted? _____ Broken a lease? _____
Declared bankruptcy? _____ The above listed applicant declared that all statements

made in this application are true and complete. Applicant hereby authorizes
Community Health Services Corporation (Landlord) to verify all of the information in this
application and obtain credit reports on the above listed applicant and/or applicant's. If
applicant or applicant's spouse has given any false information Landlord is entitled to reject the
application.

Signature of applicant _____

Date _____

Signature of Spouse _____

Date _____

Thank you for your information and interest, a more detailed application will be submitted for
completion to you when we draw nearer to expected occupancy.

C:\senior\ilage\interested\consumers\application