## Good Actions, LLC

**Rental Application** 

Phone: 1-833-867-381 (883-ToRent1)

Rental Unit Address :	Apartment #	
APPLICANT INFORMATION		
Name	Date of Birth	
email:	Cell Phone	
Social Security #	Driver's License #	
Current Address		
Owner/Manager	Phone# Rent /m	onth
How long at this address?	Reason for Moving	
RENTAL HISTORY & PERMANENT ADD	DRESS	
Previous Address		
Owner/Manager	Phone# Rent /m	onth
How long at this address?	Reason for Moving	
Permanent Address		
How long at this address?	Reason for Moving	
EMPLOYMENT HISTORY		
Employer	Position	
Employer Phone	Dates of Employment	
Supervisor Phone	Supervisor Name	
Current Gross Income Per Month (befor	e 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 bankru	ptcy?	Have you ever been evicted?
Vehicle Make		Model <u>Year</u>
Have you ever been convic	ted of a crime	?
PARTIES TO BE LIVING W	ΊΤΗ ΥΟυ	
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: 1-833-867-381 (883-ToRent1) Rent@GoodActions.com



Rentals, Property Management and Development

PO Box 779, River Falls, WI 54022

#### Phone: 612-868-7083, Greg@GoodActions.com

#### RELEASE OF FINANCIAL INFORMATION

Complete this form clearly and legibly

To:	
	(Bank/Financial Institution Name print)
From:	
	(Tenant's Name print)
Accou	nt types:,,
Accou	nt Numbers:,,
Financ	ial Institution phone number: ()
Financ	ial Institution fax number: ()
Date:	
Attn.: 1	To Whom It May Concern
The pe	erson whose name appears above and whose signature appears

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:

5. Does the applicant have direct deposit to the account(s)? Which account(s)?

<sup>1.</sup> Please confirm the existence of the account(s) and account numbers listed above.

<sup>2.</sup> How long has the applicant been a customer of the bank?

<sup>3.</sup> Is the applicant a customer in good standing with the bank?

<sup>4.</sup> When did the applicant open the account(s) listed above?

- 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.
- Does the applicant have any loans with the bank and for what purpose were the loans made?

If any, what is/are the outstanding balance(s) of the loan(s)?

# Please encrypt or scan then email your response to Gregory Erickson at Good Actions, LLC, at email: awgon-er@yahoo.com

Thank you.

Tenant's Signature

Tenant's Name (print)

### **Confidentiality Notice**

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