

**Application Form
Piedmont Apartments**

Name (Last, First, MI): _____

Present Address (City, State, Zip): _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____

Driver's License Number: _____

Place of Employment (Name, Address, Phone): _____

Years Employed: _____

If less than two (2) years, please list previous employer (name, address, phone): _____

Years Employed: _____

References

Please list three (3) references that are not relatives:

1. Name: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____

Home Phone: _____ Cell Phone: _____

3. Name: _____

Home Phone: _____ Cell Phone: _____

Personal Information

Name of Spouse/Roomate: _____

Number of Dependents: _____ Age(s): _____

We have your permission to obtain the following information:

Credit Checks Yes No

Criminal Checks Yes No

Please return completed application to:

Piedmont Apartments
Attention: Manager
35 N 28th Street
Superior, WI 54880

AVANTI HEALTH SYSTEMS (AHS)

Administrative Office Address

300 Villa Drive

Hurley, WI 54534

Pre-Rental Inquiry Release

In connection with, and duration of my tenancy with you, I understand that investigative background inquiries are to be made on myself including consumer information as to my character, work habits, employment and any reasons for termination of past rental leases from previous renters. Further I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by this organization to furnish the above mentioned information.

Printed Name (First, Last, MI): _____

Social Security Number: _____

Date of Birth (Month, Day, Year): _____

Current Address (City, State, Zip): _____

Driver's License Number: _____ State: _____

Applicant's Signature: _____ Date: _____

____ California and Minnesota Applicants Only: Please check here to have a copy of your consumer report sent directly to you by AVANTI Health Systems at the above address.

Fax form to: AVANTI HEALTH SYSTEMS (AHS) PRE-RENTAL SCREENING

1-715-561-5556

