*NOTE: Each rental unit must complete a form.

Please print duplicates

All TENANTS 18 years of age and OLDER must attach a copy of their **2012** Federal Income Taxes.

LEAD HAZARD REDUCTION

CITY OF SHEBOYGAN

DEPARTMENT OF CITY DEVELOPMENT

828 CENTER AVENUE, Suite 104

SHEBOYGAN, WI 53081

Development@ci.sheboygan.wi.us

(920) 459-3377

FAX: (920) 459-7302

APPLICATION FOR TENANT

TENANT'S NAME: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

SPOUSE'S NAME (if married) or **OTHER's:** _____

SPOUSE'S/OTHER'S SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

ADDRESS OF PROPERTY: _____

NUMBER OF YEARS AT THIS PROPERTY: _____

HOME PHONE: _____ BUSINESS PHONE: _____

HUSBAND/HEAD OF HOUSEHOLD CELL PHONE: _____

SPOUSE / OTHER'S CELL PHONE: _____

CURRENT E-MAIL ADDRESS: _____

DO YOU HAVE ANY PETS? _____ YES _____ NO

If "yes" HOW MANY? _____

WHAT KIND(S)?	VACINATED FOR KENNELS?			
_____	YES	_____	NO	_____
_____	YES	_____	NO	_____
_____	YES	_____	NO	_____

NOTE: Pets must be vaccinated for a kennel otherwise it is the owner/landlord's responsibility for the costs. Renters should make every effort to find a home for their pets during tenant relocation.