

# Servant Care International

## Sonshine Apartments Application

APPLICANT NAME \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State/Province Country

PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

COUNTRY OF SERVICE \_\_\_\_\_

MISSION BOARD \_\_\_\_\_ PHONE NO. \_\_\_\_\_

HOME CHURCH \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PASTOR REFERENCE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CHILDREN LIVING WITH YOU: Name: Age:

_____	_____
_____	_____
_____	_____
_____	_____

LENGTH OF STAY: Begin \_\_\_\_\_, 20\_\_\_\_ End \_\_\_\_\_, 20\_\_\_\_

CONTACT PERSON IN THE UNITED STATES (nearest relative or friend):

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby make application to rent a completely furnished \_\_\_\_\_ bedroom apartment at Sonshine Apartments in Menasha, WI. I understand the rent which will include utilities will be \$\_\_\_\_\_ per \_\_\_\_\_. **I also understand that no pets may be kept on the premises;** the premises cannot be sublet without written approval by the Servant Care International Directors and the apartments are for the use of the immediate family as listed on my application except by prior arrangement with the Directors. I promise to maintain the premises and furnishings in good condition.

TENANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature

Please send this application and any other correspondence to: Servant Care International  
1110 Geneva Road, Suite B - Menasha, WI 54952 - Phone: 920-727-0000 - E-mail: [connie@servantcareintl.org](mailto:connie@servantcareintl.org)

We will let you know as soon as possible whether or not an apartment will be available for your use. If your application is accepted, a deposit of \$300.00 will be required. This will be refunded after departure if the apartment is clean and after all bills have been paid.