

APPLICATION FOR RESIDENCY

WE SUBSCRIBE TO ALL FEDERAL, STATE & LOCAL FAIR HOUSING LAWS



This is **NOT** a lease or a rental agreement.

ANDLORD:	MANAGER:Address:				
Phone #:	Phone #:				
E-mail (Optional)	_ E-mail (Optional	E-mail (Optional)			
The undersigned hereby makes application	to rent apartm	ent (Unit N	lumber) located at		
Security Deposit:	/ Paid:	Lease Term: Credit Check Fo	ee:		
	HOUSEHO	OLD INFORMATION			
Each Adult Applicant Must Complete a	Separate App	lication YES_	NO		
Complete the following information for each throughout the term of the lease. APPLIC IS GROUNDS FOR DENIAL.	ch household m CATION MUST	nember that will occupy BE COMPLETED IN F	the unit at the time of mountain the unit at the time of mountain the unit at the time of mountain the unit at the	ve-in and OF INFORMATION	
NAME:	M/F	Social Security	Driver's License Number	Birthdate: Month/Day/Yea	
First, Middle, Last (Maiden)		Number	Number	Worthinsayrical	
WILEDE GAN YOU DE DEACHEDO	Day dies a Phana	4.	Evening Phone #		
			Evening Phone #:		
YES NO 1. Do you expect any add	ditions to the h	ousehold within the nex	t 12 months? Name & R	elationship:	
	rs, destruction	of property, drug-relate	ver been convicted of a cr d felonious criminal activ	ty or violence to	
3. Do you have or do you	u anticipate hav	ving any pets? Explana	ition:		
4. Do you owe past due	rent or other m	onetary obligations to y	our current landlord or a	previous landlord?	
	EMER	GENCY CONTACT			
Name:					
Address:Phone #:		_Relationship:			

	APPLICANT'S RENTAL HISTOR	Y Have	you ever refused to p	pay rent?	Yes No
	[For the LastYears]	Have	you ever been evicte	ed or asked to leave?	YesNo
	CURRENT ADDRESS				
	Citv:		State:		Zip:
	City:Fi	rom (date)	i	To (date):	
	Landlord's Name:	· · · · · · · · · · · · · · · · · · ·	Address:		
	Phone #:		Fax #:		
	PREVIOUS ADDRESS				
	City:F		State:		Zip:
	Rent: F	rom (date)):	To (date):	
	Landlord's Name:		Address:		
	Phone #:		Fax #:		
	PREVIOUS ADDRESS Final control				
	Citv:		State:		Zip:
	Rent: F	rom (date)		To (date):	
	Landlord's Name:	10111 (mm)	Address:		
	Phone #:				
[!] 1:	: Primary Driver's Name: Make/Model/Yr /Color:		HICLE INFORMAT		
	Make/Model/Yr./Color: Plate #:		Driver's Licen	nse #:	· · · · · · · · · · · · · · · · · · ·
# 2:	Make/Model/Yr./Color: Plate #: : Primary Driver's Name: Make/Model/Yr./Color:		Driver's Licen	nse #:	
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OTHER SOURCES OF INCOME

Will you be receiving any other income that you want considered with this application (e.g., Section 8 Rental Assistance, SSI, Social Security, public assistance, W-2, alimony, child support, savings, trust funds, scholarships, or any other type of income)? If so, please provide the following information for verification.

Source of Income (Name of Agency)	:	
Address of Agency:		
Contact Person's Name:	Phone #: <u>(</u>	
Amount of Income		
Source of Income (Name of Agency)):	
Address of Agency:		
Contact Person's Name:	Phone #:	()
Amount of Income:		
returns, business license, bank rec	are self employed you will need to provide the followords and/or vendor names, with addresses and provide information on a SEPARATE SHEET IF APPLI	hone numbers for verification
		YesNo
APPLICANT'S CREDIT REFERENCES	Have you ever filed for bankruptcy?	
Credit Reference	Address & Phone #	Type & Account Number
The purpose of this application is to determine whet	SIGNATURE CLAUSE ther I qualify as a tenant. If my application is approved, the Landlor	rd and I shall sign a written lease. I
nave no rental agreement with the Landlord before	the time of the lease signing.	
or my first month's rent if the Landlord enters into a agreement, the earnest money and any subsequent tuty to mitigate. If this application is rejected or with	this application. The earnest money deposit will be applied to my lease or rental agreement with me. If this application is approved, t payments may be retained to compensate the Landlord's costs are hdrawn or if no action is taken by the end of the calendar yments will be refunded by the end of the next business day.	and I fail to enter into a lease or rental nd damages, subject to the Landlord's
tatements made in this application, and to obtain a co	tigate my credit and financial responsibility, income, rental and eviction onsumer credit report on me from a consumer reporting agency that α se or rental agreement that I may enter into with the Landlord may be responsible.	ompiles and maintains files on consumer
	d employees thereof represent the interests of the Landlord, but the o disclose material adverse facts about the property.	ey also have a duty to treat all parties
nowledge. I understand that providing false information	f age and that all information and answers to the above questions a ation or making false statements maybe be grounds for denial of my stand that my occupancy is contingent upon true and verifiable info	y application. I also understand that
Signature	Date	<u></u>
Signature	Date	

LANDLORD DISCLOSURES AND REQUIREMENTS -- APPLICANT ACKNOWLEDGES HAVING BEEN ADVISED:

- A receipt for earnest money collected has been given applicant.
- Copies of the proposed lease and rules and regulations of the landlord have been made available to applicant for inspection.
- I/we have been given the name and address of the person authorized to receive rent, manage, and maintain the premises, who can readily be 3. contacted, and an owner or agent with an address within the state authorized to receive and receipt for notices and demands, and at which service of process can be made in person.
- I/we have been advised of my/our right to inspect the dwelling unit and notify the landlord of any damage or defect that exist before the beginning of my/our tenancy.
- I/we have been advised of my/our right to request, in writing, a written list of the physical damage and defects, for which the landlord deducted money from the previous tenant's security deposit.
- I/we have been advised of utility charges not included in the rent 6.

Utility Charges	Electric	Heat	Sewer/Water	Gas	Air Conditioning	Hot Water	Trash Pick-Up
Included in Rent							
Metered Separately							
Cost Allocation							

I/we have been advised that the landlord has actual knowledge of the following uncorrected building code or housing code violations 7. that present a significant threat to the prospective tenant's health or safety:

Adverse Condition:	Yes (Explain)	No
No Hot or Cold Running Water		
Plumbing Facilities Not in Good Operating Condition		
Sewage Disposal Facilities Not in Good Operating Condition		
Unsafe Heating Facilities Capable of Maintaining a Temperature of 67°F		
Electrical Wiring, Outlets, Fixtures Not in Safe Operating Condition		
Other		

8.	Landlord promises to repair, clean, or improve the premises as follows by the completion dates noted:

9. Security deposits may be withheld only for tenant damages, waste or neglect of the premises or the non payment of rent, utility services or mobile home parking fees for which the Landlord becomes liable and other reasons specifically and separately negotiated and agreed to by the tenant in writing in a Nonstandard Rental Provision.

LANDLORD DISCLOSURES AND REQUIREMENTS (City of Madison Ordinances)

Signa	ature	Date
Signa	ature	Date
14.	except in the central area as per section 28.07(1)(g) of the M.	oursuant to 28-11 Madison General Ordinances is adison General Ordinances.
13.	That the zoning district in which the dwelling unit is located is	
	except where dwelling unit is owner occupied. For the purpos children, stepchildren, foster children, or a ward determined in services for family members or roomers who, because of adv	in R1, R2, R3, R4A and R4L residence districts include more than one (1) roomer se of this section "children go means natural children, grandchildren, legally adopted n a legal guardianship proceeding. Up to two (2) personal attendants who provide vanced age or a physical or mental disability, need assistance with activities or daily may include personal care, housekeeping, meal preparation, laundry or
12.	related by blood, marriage, or legal adoption living together a	General Ordinances, is as follows: "A family is an individual of two or more persons is a single housekeeping unit in a dwelling unit, including foster children, and not more
11.	is restricted to those persons named in the application and the	27.06 of the City of Madison General Ordinance is However, occupancy ne rental agreement.
10.	That a copy of notice of eligibility for rent abatement, if any, we	which affects the rental unit or common areas has been provided the tenant.

This application has been prepared for use by members of the Apartment Association of South Central Wisconsin. The Association is unable to provide representations or warranties that this application form complies with all current laws or regulations relating to the rental of property. Landlords/agents are advised to consult with legal counsel for local ordinance compliance requirements.