

GENERAL APPLICATION GUIDELINES

Age	Primary applicants must be 18 years of age minimum, and screened individually.
Income	Total monthly household income must be verifiable and at least the amount of three times the monthly rent.
Housing	Negative housing/rental history may be grounds for denial. Previous money judgment by a prior landlord may be cause for denial.
Criminal	Felony convictions may be grounds for denial.
Credit	A negative credit history may be grounds for denial. An additional security deposit may be required based on credit risk score.

OCCUPANCY STANDARDS

- 1) Generally, occupancy will be limited to two (2) person per bedroom, however specific factors may be considered to either increase or decrease that general rule. Factors that may be considered include, but are not limited to, the following:
 - a. Size of the unit
 - b. Configuration of the unit
 - c. Size of the bedroom(s)
 - d. Number of bedroom(s)
 - e. Number of persons in the family
 - f. Other physical limitations of housing (i.e. capacity of the septic, sewer, or other building systems)
 - g. The family
 - h. S need for a larger unit as reasonable accommodation
 - i. State and local law



Application for Apartment Occupancy Agreement

You will be denied rental if you misrepresent any information on this application. If misrepresentation are found after a rental agreement is signed, your rental agreement will be terminated.

Date: _____ Name of Landlord: _____

UNIT INFORMATION (to be completed by Landlord)

Community Name: _____

Building Address: _____ Unit #: _____

Monthly Rental Amount \$ _____ Expected Move-in Date: _____

Utilities Included: _____

Type of Tenancy: _____ (i.e. 12 month lease, Month to Month)

Security Deposit Amount \$ _____ Paid Check # _____ Date: _____

Consumer Credit Report Fee \$ _____ Paid Check # _____ Date: _____

The consumer credit report fee is non-refundable should this application for rental be accepted or not.

Complete Legal Name of First Applicant	Birth Date	Driver's License #	Social Security #
1)			_____
Present Address		Apt#	Home Phone
City	State	Zip code	How Long?
Present Management or Mortgage Co.		Monthly Payment	Phone
----- Previous Address		Apt. #	
City	State	Zip Code	How Long?
Previous Management or Mortgage Co.		Monthly Payment	Phone

Source of Income (If employed, list employer name) First Applicant			
Employer	Annual Salary	Position	Phone
Address		Supervisor's Name	Date started:
Previous Employer		Phone	Date started:
Address			
----- Employer	Annual Salary	Position	Phone
Address		Supervisor's Name	Date started:
Previous Employer		Phone	Date started:
Address			
Additional Sources of Income			
Source			Amount
Source			Amount
References			
Name of nearest relative		Address	Phone
In case of emergency contact		Address	Phone



Complete Legal Name of Second Applicant	Birth Date	Driver's License #	Social Security #
2)			
Present Address		Apt#	Home Phone
City	State	Zip code	How Long?
Present Management or Mortgage Co.		Monthly Payment	Phone
----- Previous Address		Apt. #	
City	State	Zip Code	How Long?
Previous Management or Mortgage Co.		Monthly Payment	Phone

Source of Income (If employed, list employer name) Second Applicant			
Employer	Annual Salary	Position	Phone
Address		Supervisor's Name	Dates
Previous Employer		Phone	Dates
Address		Reason for Leaving	
----- Employer	Annual Salary	Position	Phone
Address		Supervisor's Name	Dates
Previous Employer		Phone	Dates
Address		Reason for Leaving	
Additional Sources of Income			
Source			Amount
Source			Amount
References			
Name of nearest relative		Address	Phone
In case of emergency contact		Address	Phone

List Additional Occupants (Names)	Relationship	Age	
Auto(s)			
Make & Model	Year	License Plate #	Color
Make & Model	Year	License Plate #	Color
Make & Model	Year	License Plate #	Color
Make & Model	Year	License Plate #	Color



Pet(s)			
Type	Breed	Color	Name
Type	Breed	Color	Name

NOTICE: You may obtain information about sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the Internet at <http://appsdoc.wigov/public> or by phone at 608-240-5830.

My rental of said premises is to be limited to use and occupancy by family of size and description above without any right on my part to sublet all or any of said premises.

I certify that all of the information provided in this application is true and accurate to the best of my knowledge and that my tenancy may be terminated if I have made any false, misleading or incomplete statements in this application.

I authorize Landlord to do the following: (1) contact any individuals and/or businesses listed above to verify the information provided in this application before, during and/or after my tenancy; (2) obtain a copy of my consumer credit report and (3) perform a background check.

I acknowledge being furnished copies of the Rental Agreement, Rules and Regulations, and if applicable, any Nonstandard Rental provisions. I agree to sign the completed Rental Agreement, Rules & Regulations, and if applicable, and Nonstandard Rental Provisions, if applicable, prior to taking occupancy of the unit. Failure to provide proof of renter's insurance will result in a \$10 additional rent charge per month.

Tenant may request in writing within seven days after delivery of the rental unit a list of physical damages or defects, if any, charged to the previous tenant's security deposit.

NOTE: A SECURITY DEPOSIT IS REQUIRED FROM EVERY TENANT AGAINST DAMAGE OR LOSS TO THE PREMISES AND SAID SECURITY DEPOSIT CANNOT BE USED FOR ANY MONTH'S RENT.

Please Note: Landlord is using public records provided by a third party service to determine your eligibility to rent. Neither Landlord, nor the third party service, can vouch for the accuracy of the records as they have no control over such records. It is the responsibility of the applicant to check the accuracy of their own public records.

Signature Applicant #1 _____

Date _____

Applicant #1 Name (please print) _____

Cell Phone _____

Email _____

Signature Applicant #2 _____

Date _____

Applicant #2 Name (please print) _____

Cell Phone _____

Email _____



REQUEST FOR EMPLOYMENT VERIFICATION

Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release his/her employment information. Your assistance in providing employment information is sincerely appreciated.

APPLICANT'S AUTHORIZATION FOR THIS INQUIRY:
I hereby consent to the release of my employment information.

Employee Name: _____

Employee's Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER:

Rate of pay: _____

Frequency of pay: Weekly Bi-Weekly Monthly Other _____

Date of hire: _____

Position: _____

Full Time Part Time Temporary

Number of hours (if part time): _____

End Date (If applicable): _____

Name of person verifying: _____

Position of person verifying: _____

Date of verification: _____

Additional Comments: _____

Request submitted by:

Name
Phone:
Fax:

Date

REQUEST FOR RENTAL VERIFICATION

_____ has/have applied for an apartment at our community.

The applicant, by his/her signature below, has authorized you to release his/her rental information. Your assistance in providing rental history information is sincerely appreciated.

APPLICANT'S AUTHORIZATION FOR THIS INQUIRY:

I hereby consent to the release of my rental history information.

Applicant Name: _____

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY LANDLORD/ LANDLORD'S REPRESENTATIVE:

Full Address: _____

Dates of residency: _____ through _____

Monthly Rent: _____

Number of residents: _____ Number of pets: _____

Number of late payments: _____ Number of NSF's: _____

Current balance due: _____

Was proper notice given? Yes No

Was/ will full deposit be returned? Yes No

Describe any lease violations or evictions filed: _____

Name of person verifying: _____

Position of person verifying: _____

Date of verification: _____

Additional Comments: _____

Request submitted by:

Name

Phone:

Fax:

Date



Notice of Municipal Code Violation

Tampering or Removal or Smoke Detector or CO Detector (if applicable)

Please be advised that per Municipal Code you are required to have a functional smoke detector & CO detector in your apartment. You may not remove or disable the detectors. During your residency, removed or disabled detectors will be considered a lease violation. If it is discovered that you have removed or damaged a detector you will be charged \$50 per detector.

Signature Applicant #1 _____ **Date** _____

Applicant #1 Name (please print) _____

Signature Applicant #2 _____ **Date** _____

Applicant #2 Name (please print) _____