



APPLICATION FOR RESIDENCY

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

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

Manager: Madison Area Rentals, LLC

Address: P.O. Box 45431, Madison, WI 53744

Phone: (608) 270-9536 Fax: (608) 268-5781

INFORMATION ON UNIT APPLYING FOR

The undersigned hereby makes application to rent apartment _____ (unit number) located at _____, Madison, WI. Monthly rent is _____. Lease Term will be: _____. Security Deposit will be: _____. Credit Check/Report fee: _____.

HOUSEHOLD INFORMATION

EACH APPLICANT OVER THE AGE OF 18 MUST COMPLETE A SEPARATE APPLICATION

Complete the following information for each household member that will occupy the unit at the time of move-in and throughout the term of the lease. **APPLICATION MUST BE COMPLETED IN FULL.**

FALSIFICATION OR MISREPRESENTATION OF INFORMATION IS GROUNDS FOR DENIAL.

Name of Applicant Applying: First, Middle, Last	M/F	Social Security Number	Drivers License Number	Date of Birth Month/Day/Year
Names of Others Applying With Applicant: First, Middle, Last	M/F	Social Security Number	Drivers License Number	Date of Birth Month/Day/Year

PHONE NUMBER WHERE YOU CAN BE REACHED? DAYTIME: _____ EVENING: _____

Email Address: _____

Yes	No	Questions and Information. ALL QUESTIONS MUST BE ANSWERED. (Check one box)
		1. Do you expect any additions to the household within the next 12 months? Name & Relationship: _____
		2. Have you, or any other person named on this application, ever been convicted of a crime related to disturbance of neighbors, destruction of property, drug-related felonious criminal activity, weapons or violence to persons or property? Explanation: _____
		3. Do you have or do you anticipate having any pets? Explanation: _____
		4. Do you owe past due rent or other money to your current or previous landlord? Amount: _____

APPLICANT'S RENTAL HISTORY

FOLLOWING QUESTIONS MUST BE ANSWERED. (check one box)

Yes No

Have you ever refused to pay rent?

Has an eviction action ever been filed against you or someone you were living with at the time?

Please provide a minimum of 2 past landlords and 3 years of rental history/information .

CURRENT ADDRESS:

Street: _____ City: _____ State: _____ Zip: _____

Rent: _____/month From (MM/YY): ___/___ To (MM/YY): ___/___

Landlord/Management Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

LAST ADDRESS:

Street: _____ City: _____ State: _____ Zip: _____

Rent: _____/month From (MM/YY): ___/___ To (MM/YY): ___/___

Landlord/Management Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

PREVIOUS ADDRESS:

Street: _____ City: _____ State: _____ Zip: _____

Rent: _____/month From (MM/YY): ___/___ To (MM/YY): ___/___

Landlord/Management Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

APPLICANT'S INCOME/CREDIT

Include all sources of income you want considered in this application

CURRENT EMPLOYMENT:

Employer Name: _____ City: _____ State: _____ Zip: _____

Supervisor Name: _____ Phone: _____

Hours: _____/week, Gross Monthly Income: _____

From (MM/YY): ___/___ To (MM/YY): ___/___

LAST EMPLOYMENT:

Employer Name: _____ City: _____ State: _____ Zip: _____

Supervisor Name: _____ Phone: _____

Hours: _____/week, Gross Monthly Income: _____

From (MM/YY): ___/___ To (MM/YY): ___/___

PREVIOUS EMPLOYMENT:

Employer Name: _____ City: _____ State: _____ Zip: _____

Supervisor Name: _____ Phone: _____

Hours: _____/week, Gross Monthly Income: _____

From (MM/YY): ___/___ To (MM/YY): ___/___

APPLICANT'S OTHER SOURCE OF INCOME/CREDIT

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: _____ City: _____ State: _____ Zip: _____
Contact Persons Name: _____ Phone: _____
Gross Monthly Income: _____ From (MM/YY): ____/____ To (MM/YY): ____/____

Self Employed Applicants: If you are self employed you will need to provide the following information: Tax returns, business license, bank records and/or vendor names, with addresses and phone numbers for verification.

In the event that your housing history or credit history is not adequate, a co-signer may be required.

Co-signer's Name: _____ Phone: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT

Contact Name: _____ Phone: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____

SIGNATURE CLAUSE

The purpose of this application is to determine whether I qualify as a tenant. If my application is approved, the Landlord and I shall sign a written lease. I have no rental agreement with the Landlord before the time of the lease signing.

I have paid the earnest money deposit and credit fee indicated on this application. The earnest money deposit will be applied to my security deposit or my first month's rent if the Landlord enters into a lease or rental agreement with me. If this application is approved, and I fail to enter into a lease or rental agreement, the earnest money and any subsequent payments may be retained to compensate the Landlord's costs and damages, subject to the Landlord's duty to mitigate. If this application is rejected or withdrawn or if no action is taken by the end of the _____ calendar day following receipt of the earnest money, the earnest money and any subsequent payments will be refunded by the end of the next business day. The credit report fee is non-refundable.

I hereby authorize the Landlord and Manager to investigate my credit and financial responsibility, income, rental and eviction history, and the statements made in this application, and to obtain a consumer credit report on me from a consumer reporting agency that compiles and maintains files on consumers on a nationwide basis. My performance under any lease or rental agreement that I may enter into with the Landlord may be reported to such reporting agency.

I acknowledge that the Manager and the agents and employees thereof represent the interests of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

I warrant and represent that I am at least 18 years of age and that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent on meeting management's resident selection criteria.

Signature _____

Date _____

GENERAL QUESTIONS

If parking is a requirement, how many spaces would be needed? _____

How did you find out about Madison Area Rentals, LLC? _____

Why do you wish to move from your present address? _____

What size unit are you applying for? ____ 1 bedroom ____ 2 bedroom ____ 3 bedroom ____ Den

Do you have a waterbed? ____ Yes ____ No

What date would you be available to move? ____/____/____ (MM/DD/YY)