

Address of rental _____ OCCUPANCY TERMS From Aug. 16, _____ To Aug. 14, _____

PERSONS TO OCCUPY HOUSE DATE OF BIRTH (please print)

- 1. _____ (self) _____ 5. _____
2. _____ _____ 6. _____
3. _____ _____ 7. _____
4. _____ _____ 8. _____

PAYMENT CALCULATIONS

\$ _____ BASE RENT
\$ _____ SECURITY DEPOSIT (ONE MONTH'S RENT)
UTILITY CHARGES: Main heat source L Gas L Electric L Water L
(L=LESSEE M=MANAGEMENT)

HOUSING REFERENCES (street, apartment#, city, state, and ZIP code)

Present address _____
How long? _____ Rent _____ Lease Expiration _____ Landlord _____ Phone _____
Reason for leaving _____
Previous address _____
How long? _____ Rent _____ Lease Expiration _____ Landlord _____ Phone _____

INCOME/SUPPORT

If a full-time student or unemployed list source of income/support _____ Monthly \$ _____
Employer _____ Address _____
Phone _____ Position _____ Monthly Earnings \$ _____ Employed: ___yrs ___mo

COSIGNER If requested, will you obtain a creditworthy cosigner? Yes _____ No _____

1. Name _____ Phone: _____ Relationship _____
Address (street,city,state,ZIP) _____ Fax (____) _____
Email _____

CHARGE ACCOUNTS/OTHER CREDIT BANK REFERENCES Savings Checking Loan
1. _____ 1. _____
2. _____ 2. _____

CREDIT HISTORY (the last seven years)
1. Have you ever been evicted or had a lease terminated for any reason? Yes _____ No _____
2. Have you every broken a residential lease agreement? Yes _____ No _____
3. Are any suits or judgments outstanding against you? Yes _____ No _____
4. Have you declared or petitioned for bankruptcy? Yes _____ No _____
5. Has a co-tenant or landlord claimed past due rent from you? Yes _____ No _____

* If you answered yes to any of these questions or wish to explain any other answer, please use a separate sheet of paper.

RENTER'S INSURANCE COMPANY:

This application must be filled out completely, and each individual mentioned above must fill out an application completely to be considered.

The house listed above is non-smoking/smoke free. _____ (Applicant's initials)

The apartment and/or building may have lead-based paint and/or lead-based paint hazards. _____ (Applicant's initials).

The applicant acknowledges that he/she has reviewed and received a sample copy of a Lease, Addendum and form 32.08. _____ (Applicant's initials).

Your earnest money deposit will be returned to you if Management does not accept this Application. If this Application is accepted, the deposit will be applied to the first month's rent. The undersigned will be required to execute a written Lease. The typed Lease may not be altered from the original typed from without written consent of Management. If it is altered and retyping is required a charge up to \$50.00 will be assessed to the applicant(s).

The undersigned applicant certifies that all the information contained herein is true and correct and understands that any misrepresentations ma be grounds for canceling any subsequent Lease. The applicant understands that as part of the Management's normal procedure, routine inquires will be made regarding the applicant's financial status, history, character, and general reputation. The undersigned herewith authorizes the release of credit and other relevant information to the Management.

The City of Madison requires, by ordinance, a rent credit equal to five percent (5%) per year of the premises security deposit made by a Lessee. The rent credit is to be added to the security deposit return, providing rental payments are made on the due date.

Any original, facsimile copy, or photocopy of this Application which contains original, facsimile copies or photocopies of the signatures or initials of any party shall have the same effect and shall be deemed sufficient evidence of that signatory's action or intent.

THIS IS NOT A LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF MANAGEMENT. THE ACCEPTANCE OF YOUR APPLICATION CREATES CONTRACTUAL OBLIGATIONS TO ENTER INTO A LEASE. YOUR FAILURE TO CONSUMMATE SUCH AN AGREEMENT MAY RESULT IN SUBSTANTIAL LOSSES AND ADDITIONAL EXPENSES TO THE MANAGEMENT/LESSOR, AND APPLICANT WILL BE HELD RESPONSIBLE FOR ALL SUCH DAMAGES INCURRED. IF REQUIRED, CO-SIGNED FORMS MUST BE RETURNED TO LESSOR WITHIN 10 DAYS. UPON APPROVAL OF ALL APPLICANTS THE LEASE WILL BE MAILED TO LESSEES WITHIN 21 DAYS. IF APPLICATIONS ARE DENIED LESSOR WILL CONTACT LESSEE PROMPTLY.

READ AND INTIAL ABOVE, WHEN APPLICABLE, BEFORE SIGNING. YOUR SIGNATURE AKNOWLEDGES FULL UNDERSTANDING AND AGREEMENT.

Contact in case if an emergency

Name _____ Relationship _____ Phone (____) _____

Address (street, city,state,ZIP) _____ E-mail _____

Applicant's signature _____ Date _____

Soc. Sec. No. ____-____-____ Present phone (____) _____ Driver's License No. _____

RECEIPT of \$ _____ earnest money deposit is hereby acknowledged by Management _____ check# _____ Date _____

