

This form has been prepared for the members of the Wisconsin Apartment Association (WAA) and customers of Rental Housing Resources (RHA). Rental Housing Resources is unable to provide any representations or warranties that this form complies with all current laws or regulations relating to rental of property. Lessors / Agents are advised to consult with an attorney for local ordinance compliance and appropriateness to their situation.



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Application for Residency

Landlord: _____ Manager: _____
 Address: _____ Address: _____
 Phone #: _____ Phone #: _____

The undersigned hereby makes application to rent apartment _____ (Unit Number) located at _____

Monthly Rent: _____ Lease Term: _____ Security Deposit: _____

Earnest Money Paid: _____ Credit Check Fee (Non Refundable): _____

Household Information: Each adult applicant must complete a separate application. YES NO

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 OF INFORMATION IS GROUNDS FOR DENIAL.

Name: First, Middle, Last	M/F	Social Security Number	Birthdate: Month/Day/Year

WHERE CAN YOU BE REACHED? Daytime Phone #: _____ Evening Phone #: _____

YES NO
 _____ 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? Explanation: _____
 _____ 3. Do you have or do you anticipate having any pets? Explanation: _____

Applicant's Rental History Have you ever refused to pay rent? YES NO

 (For the last _____ years) Been evicted or asked to leave? _____

1. **CURRENT ADDRESS** _____
 Rent: _____ From: _____ To: _____
 Landlord's Name: _____ Address: _____
 Phone #: _____ Fax #: _____
2. **PREVIOUS ADDRESS** _____
 Rent: _____ From: _____ To: _____
 Landlord's Name: _____ Address: _____
 Phone #: _____ Fax #: _____
3. **PREVIOUS ADDRESS** _____
 Rent: _____ From: _____ To: _____
 Landlord's Name: _____ Address: _____
 Phone #: _____ Fax #: _____

Emergency Contact
 Name and Relationship: _____
 Address: _____
 Phone #: _____

Vehicle Information
Car # 1: Make / Model / Yr / Color: _____
 Plate #: _____ Driver's License #: _____
Car # 2: Make / Model / Yr / Color: _____
 Plate #: _____ Driver's License #: _____

Applicant's Income / Credit: Please include all sources of income you would like considered in this application.

Place of Employment: _____ Address: _____
 How many hours per week? _____ Gross Monthly Income: _____
 How long have you been employed here? (Give Dates) From: _____ To: _____ Supervisor's Name: _____
 Phone #: _____
Place of Employment: _____ Address: _____
 How many hours per week? _____ Gross Monthly Income: _____
 How long have you been employed here? (Give Dates) From: _____ To: _____ Supervisor's Name: _____
 Phone #: _____

Applicant's Credit References

Have you ever filed for bankruptcy? Yes ___ No ___

Credit Reference	Address & Phone #	Type & Account Number

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 #: _____ Amount of Income: _____ Source of Income (Name of Agency): _____ Address of Agency: _____ Contact Person's Name: _____ Phone #: _____ Amount of Income: _____ 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.

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 check 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 check 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 complies 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****Signature****Date****Landlord Disclosures and Requirements****Tenant Acknowledges Having Been Advised:**

- A receipt for earnest money collected has been given applicant.
- That copy of the proposed lease and rules and regulations of the landlord have been made available to applicant for inspection.
- Of the name and address of the person authorized to receive rent, manage, and maintain the premises, who can readily be 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.
- That I have the right to inspect the dwelling unit and notify the landlord of any damage or defect that exist before the beginning of my tenancy.
- That I have the 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.
- Of utility charges not included in the rent.

Utility Charges	Electric	Heat	Sewer/Water	Gas	Air Conditioning	Hot Water	Trash Pick-Up
Included in Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metered Separately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost Allocation*							

- The uncorrected building and housing code violation notices on the attached list.
- That the premises contain the following conditions adversely affecting habitability:

Adverse Condition:	Yes (Explain)	No
No Hot or Cold Running Water		<input type="checkbox"/>
Plumbing Facilities Not in Good Operating Condition		<input type="checkbox"/>
Sewage Disposal Facilities not in Good Operating Condition		<input type="checkbox"/>
Unsafe Heating Facilities Capable of Maintaining a Temperature of 67°F		<input type="checkbox"/>
Electrical Wiring, Outlets, Fixtures not in Safe Operating Condition		<input type="checkbox"/>
- I was advised of structural or other conditions in the dwelling unit or premises that present a substantial health or safety hazard, or create an unreasonable risk of personal injury.
- Landlord promises to repair, clean, or improve the premises as follows by the completion dates noted: _____
- 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 by the tenant in writing other than in a form provision.

Signature**Date****Signature****Date**

NOTICE: You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the Internet at <http://www.offender.doc.state.wi.us/public> or by phone at 877-234-0085