



## Application for Apartment Occupancy Agreement

**Print off, fill out and mail or fax back**

Date: \_\_\_\_\_ Unit No.: \_\_\_\_\_ Full Month Rent: \$ \_\_\_\_\_ Other Monthly Fee: \$ \_\_\_\_\_

Lease Term: \_\_\_\_\_ To \_\_\_\_\_ Expected Move-In Date: \_\_\_\_\_ Deposit: \$ \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Leasing Consultant: \_\_\_\_\_

Unmarried applicants please complete separate applications.

Complete Legal Name of Applicant(s)	Birth Date	Driver's License #	Social Security #
1)			
2)			
Present Address		Apt. #	Home Phone
City	State	Zip Code	Dates Resided
Present Management or Mortgage Co.		Monthly Payment	Phone
Previous Address		Apt. #	Home Phone
City	State	Zip Code	Dates Resided
Previous Management or Mortgage Co.		Monthly Payment	Phone
List Additional Occupants (Names)		Relationship	Age
Source of Income (If Employed, List Employer Name)			
1) Employer	Annual Salary	Position	Phone
Address		Supervisor's Name	Dates
2) Employer	Annual Salary	Position	Phone
Address		Supervisor's Name	Dates
Additional Sources of Income			
Source			Amount
Source			Amount
Auto(s)			
Make and Model	Year	License Plate #	Color
Make and Model	Year	License Plate #	Color
Emergency Contacts			
Name of Nearest Relative		Address	Phone
Name of Personal Reference		Address	Phone

Continued from front >>>

- Cats?  Yes  No Number: \_\_\_\_\_ Written Authorization Required for Pets. See Rules and Regulations.
- Do you smoke?  Yes  No
- Do you wish to receive written explanation of denial?  Yes  No

**Please attach a written explanation of any “yes” responses to the following questions.**

- Have you ever paid rent late?  Yes  No • Have you ever been evicted?  Yes  No • Have you ever filed bankruptcy?  Yes  No
- Have you ever been convicted of a felony, misdemeanor, and/or ordinance violation? (Do not include minor traffic violations)  Yes  No
- If necessary would you be willing to consider a cosigner?  Yes  No

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 hereby authorize the Landlord and Manager to investigate my credit and financial responsibility, income, rental and eviction history, conviction record 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.

**Equal Housing Opportunity:**

It is the policy of the City of Madison and Dane County that all persons shall have an equal opportunity for housing as defined by federal, state, and local open housing laws. This includes prohibiting discrimination on the basis of race, color, religion, national origin, sex, handicap, familial status, ancestry, age, marital status, lawful source of income, sexual orientation, arrest/conviction record, less than honorable discharge, physical appearance, political beliefs, or student status.

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 Applicant #1	Date	Signature Applicant #2	Date
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In the event that your application is denied solely based on minimum income, your application will receive further consideration provided that you have either;  
1) an acceptable cosigner, or 2) evidence of your actual ability to pay the rental amount including written rental references for the past 24 months from a rental housing provider not related to you where you paid a comparable income-to-rent ratio and a comparable rental amount, and prior leases for the past 24 months.

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FOR OFFICE USE ONLY

CREDIT REFERENCE: \_\_\_\_\_

EMPLOYMENT REFERENCE: \_\_\_\_\_

HOUSING REFERENCE: \_\_\_\_\_

ACCEPTED/REJECTED—REASON: \_\_\_\_\_