



20 N Blair St. ♦ Suite #105 ♦ Madison, WI 53703

Phone: (608) 284-8483 ♦ Fax: (608) 284-0043

Website: www.SMITHMGT.com

Email: info@smithmgt.com

APPLICATION FOR TENANCY

APPLICATIONS MUST BE ACCOMPANIED BY A **SECURITY DEPOSIT** (equal to one month's rent) AND A **LEASING APPOINTMENT MADE TO SECURE THE APARTMENT YOU ARE APPLYING FOR.**

Property Address _____ Apt # _____ Move-In Date _____
The policy of the management is equal opportunity in housing, as defined by Federal, State and Local laws.

NAME OF APPLICANT _____
(Include middle initial)

Daytime phone number _____ Cell phone number _____

Social Security Number* _____ Date of Birth _____
(for credit report access only)

NAMES OF OTHER PERSONS TO OCCUPY APARTMENT/AGE IF MINOR

1. _____
2. _____
3. _____
4. _____
5. _____

APPLICATION WILL NOT BE CONSIDERED UNLESS COMPLETELY FILLED OUT AND SIGNED.

HOUSING REFERENCES

1. Present Street Address _____ Apt. # _____
City _____ State _____ Zip _____ Amt. of Rent _____
Landlord's name /address _____ Phone _____
Date moved in _____ Date moved out _____ Reason for leaving _____

2. Previous Street Address _____ Apt. # _____
City _____ State _____ Zip _____ Amt. of Rent _____
Landlord's name /address _____ Phone _____
Date moved in _____ Date moved out _____ Reason for leaving _____

INCOME/EMPLOYMENT REFERENCES

1. Employer _____ Office Phone _____
Supervisor _____ Position _____
How long at position _____ Monthly income _____

2. Previous Employer _____ Office Phone _____
Supervisor _____ Position _____
How long at position _____ Monthly income _____

NOTE: If you have other sources of income you would like us to consider, please list the income amount, source and person we may contact for verification. You are not required to list alimony, child support or spouse's annual income unless you want those amounts considered for purposes of this application.

Source of income other than employment _____ Gross Amt/month _____
Name for verification _____ Phone No. _____

Applicant's Current Gross Income per month _____ + _____ + _____ = Total _____

BANKING REFERENCES

Checking Account-Bank Name/Location _____
Savings Account-Bank Name/Location _____
Loans-Bank Name/Location _____

CREDIT REFERENCES (list name and state of credit card, utility company, etc)

1. _____
2. _____

IN CASE OF EMERGENCY, CONTACT

Name _____
Address _____ Phone _____
City _____ State _____ Zip _____

OTHER INFORMATION

Have you ever been evicted or been served eviction notices? Yes No
Have you ever filed for bankruptcy? Yes No
Do you wish to receive a written explanation of denial of tenancy? Yes No

At the time of entering into a rental agreement, the applicant agrees to pay the security deposit in the amount requested by the landlord. The applicant consents to a routine inquiry of references, credit agencies and criminal/eviction background checks. This inquiry will provide applicable information concerning the applicant’s credit worthiness and reliability. At applicant’s request, landlord will advise if a credit report is requested and the name and address of the credit reporting agency will be given to applicant. Applicant acknowledges receipt of a copy of this application with disclosures below as part of which may be applicable.

This application is subject to the approval of the landlord or agent. False, inaccurate or incomplete information may result in the rejection of this application.

APPLICANT’S SIGNATURE _____ **DATE** _____

LANDLORD DISCLOSURES AND REQUIREMENTS

Items one through ten below are required of a landlord/agent by the State of Wisconsin and all items are required by the City of Madison prior to entering into a rental agreement with a tenant and/or prior to accepting earnest money or a security deposit. Other governmental jurisdictions may have additional laws and requisitions that apply.

TENANT/APPLICANT ACKNOWLEDGES HAVING BEEN ADVISED:

1. A receipt for money collected has been given tenant.
2. That copies of the proposed lease and rules and regulation of the landlord have been made available to tenant.
3. 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.
4. Tenant has seven days after the beginning of tenancy to inspect the dwelling unit and notify landlord of any damages or defects existing prior to the beginning of tenancy.
5. Of utility charges not included in the rent.
6. Of the following uncorrected building and housing code violations, for which the landlord has received notice from code enforcement authorities and which affect the entire premises or only the dwelling unit in common areas none.
7. That the premises contain the following conditions adversely affecting habitability none.
8. Attached is an itemized description of any physical damages or defects caused by previous tenants and not yet repaired by landlord.
9. Landlord promises to complete repairs, clean or improve the premises as follows by the completion date noted N/A.

THE FOLLOWING DISCLOSURES APPLY TO THE CITY OF MADISON ONLY

10. That a copy of notice of eligibility for rent abatement, if any, which affects the rental unit or common areas has been provided to the tenant.
11. That the definition of “family” pursuant to City of Madison Ordinance 28.03(2) is as follows: “A family is an individual or two or more persons related by blood, marriage or legal adoption living together as a single housekeeping unit in a dwelling unit, including foster children, and not more than four(\$) roomers except that the term “family: shall not in R1, R2, R3, R4Aand R4L residence districts include more than one roomer except where such dwelling unit is owner occupied. For the purpose of this section, “children” means natural children, grandchildren, legally adopted children, stepchildren, foster children or a ward as determined in a legal guardianship proceeding. Up to two(2) personal attendants who provide services for family members or roomers who, because of advanced age or a physical mental disability, need assistance with activities or daily living shall be considered part of the “family”. Such services may include personal care, housekeeping, meal preparations, laundry or companionship.”
12. Within 30 days, you may submit a written request to the Landlord to view the photographs maintained by the landlord which document the physical damages or defects that were charged to the security deposit of the previous tenant(s).

*Disclosure of an applicant’s social security number is voluntary. Housing may not be denied solely on the applicants’ decision to withhold their social security number