



APPLICATION FOR RESIDENCY

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

THIS IS NOT A LEASE OR A RENTAL AGREEMENT
www.rentdrs.com e-mail: info@rentdrs.com

LANDLORD: **VIKING HOUSE, LLC &/or 1655 & 1659, LLC** 1667 Capital Ave Suite E Madison, WI 53705

MANAGER: **Patty & Mike Dean** 575-0174 Fax: 608-310-3501 e-mail: info@rentdrs.com

UNIT INFORMATION

The undersigned hereby makes application to rent apartment _____ (Unit Number) located at 1655, 1659, 1667 Capital Ave

Monthly Rent: _____ Lease Term: _____ **Move – In Date requested** _____

Security Deposit: 1 months rent _____ Earnest Money Paid: _____ Credit Check Fee: -0- _____

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. SORRY NO PETS

Name First, Middle, Last	M/F	Social Security #	Driver's License #	Birth Date Month/Day/Year

WHERE CAN YOU BE REACHED? Daytime Ph#: _____ Evening Ph#: _____ e-mail _____
 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 related to disturbance of neighbors, destruction of property, drug-related felonious criminal activity or violence to persons or property?

Explanation: _____

- _____ 3. How did you find us? UW Housing web site? _____ Med. Student web site? _____ Other _____
- _____ 4. Do you owe past due rent or other monetary obligations to your current landlord or a previous landlord?
- _____ 5. Do you wish to receive a written explanation of denial of tenancy?
- _____ 6. Do you smoke? If so are you willing to sign a No Smoking Addendum? Yes No

EMERGENCY CONTACT

Name: _____

Address: _____

Phone #: _____ Relationship: _____

Have you ever refused to pay rent? _____yes _____no
 Have you ever been evicted or asked to leave? _____yes _____no

APPLICANT'S RENTAL HISTORY
 [For the Last _____ Years]

Rental History

1. CURRENT ADDRESS _____

Rent: _____ From (date) _____ To (date) _____

Landlord's Name: _____ Phone #: _____

Address _____ Fax # _____

2. PREVIOUS ADDRESS _____

Rent: _____ From (date) _____ To (date) _____

Landlord's Name: _____ Phone #: _____

Address _____ Fax # _____

3. PREVIOUS ADDRESS _____

Rent: _____ From (date) _____ To (date) _____

Landlord's Name: _____ Phone #: _____

Address _____ Fax # _____

VEHICLE INFORMATION

Car # 1: Primary Driver's Name: _____
 Make/Model/Yr./Color: _____
 Plate #: _____ Driver's License # _____

Income/Credit

APPLICANT'S INCOME/CREDIT: *Include all sources of income you want considered in this application*

PLACE OF EMPLOYMENT: _____ How many hours per week _____
 Address: _____
 How long have you been employed here? (Give dates): From _____ To _____
 Gross Monthly Income: _____ Supervisor's Name: _____ Phone# (____) _____

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 Address: _____
 How long have you been employed here? (Give dates): From _____ To _____
 Gross Monthly Income: _____ Supervisor's Name: _____ Phone# (____) _____

ADD ADDITIONAL EMPLOYMENT INFORMATION ON A SEPARATE SHEET IF APPLICABLE

OTHER SOURCES OF INCOME

Will you be receiving any other income that you want considered with this application (e.g., Section 8 Rental Assistance, 551, 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 and Students with no work references: 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 or Student Loan acceptance letters and/or bank statements.	
ADD ADDITIONAL INCOME INFORMATION ON A SEPARATE SHEET IF APPLICABLE	

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 SEVEN (7) 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 nonrefundable.

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.

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 – APPLICANT ACKNOWLEDGES HAVING BEEN ADVISED:

The following charges are stated as follows:

Utility Charges	Electric	Heat	Sewer/Water	Gas	Air Conditioning	Hot Water	Trash Pick-Up
Included in Rent		X	X	X		X*	X
Metered Separately	X				X		
Cost Allocation							

For units at 1655 & 1659 Capital Ave *a \$15.00 water fee will be charged if resident brings own washer.

Adverse Conditions:	Yes (explain)	No
No Hot or Cold Running Water		X
Plumbing Facilities Not in Good Operating Condition		X
Unsafe Heating Facilities Capable of Maintaining a temperature of 67°F		X
Electrical Wiring, Outlets, Fixtures Not in Safe Operating Condition		X

- 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 to by the tenant in writing in a Nonstandard Rental Provision.
- That the occupancy limit imposed upon the dwelling unit by 27.06 of the City of Madison General Ordinance is at 1655 & 1659 Capital Ave Three persons per apartment unit at 1667 Capital Ave Two persons per apartment unit. However, occupancy is restricted to those persons named in the application and the rental agreement.
- That the definition of a "family" pursuant to 28.03(2) Madison General Ordinances, is as follows: "A family is an individual of 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 (4) roomers except that the terms "family" shall not in R1, R2, R3, R4A and R4I residence districts include more than one (1) roomer except where 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 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 or mental disability, need assistance with activities or daily living shall be considered part of the "family". Such services may include personal care, housekeeping, meal preparation, laundry or companionship.
- That the zoning district in which the dwelling unit is located is Residential.
- That the off-street parking requirements of the dwelling unit pursuant to 28.11 Madison General Ordinances is one car per dwelling, except in the central area as per section 28.07(1)(g) of the Madison General Ordinances.

Signature _____ Date _____

Signature _____ Date _____

This application has been prepared for use by members of the Apartment Association of South Central Wisconsin and the Wisconsin Apartment Association. The Associations are unable to provide representations or warranties that this application form complies with all current laws or regulations relating to the rental of property. Landlords/agents are advised to consult with legal counsel for local ordinance compliance requirements.