



# APPLICATION FOR RESIDENCY

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

**This is NOT a lease or a rental agreement**

LANDLORD: Wayne (licensed Realtor) & Marjorie Peters  
MANAGER: Peters Rentals  
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How/ where did you hear about us? \_\_\_\_\_


## UNIT INFORMATION

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

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	Birth date (M/D/Y)
_____	_____	 _____	_____
_____	_____	_____	_____

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_ Email: \_\_\_\_\_

1. Have you or any other person named on this application ever been convicted of a crime? If yes, explain: \_\_\_\_\_
2. Have you ever refused to pay rent? If yes, explain: \_\_\_\_\_
3. Have you ever been evicted or been asked to leave? If yes, explain: \_\_\_\_\_
4. Have you ever filed for bankruptcy? If yes, explain: \_\_\_\_\_

**APPLICANTS RENTAL HISTORY (For the 10 yrs or 3 Landlords).** If you have no previous, rental history, please still complete current address. If you are a student living in the dorms, please include dorm and RA contact info, as well as permanent address.

1. **CURRENT ADDRESS** \_\_\_\_\_

Street No. and Name	City, State	Zip Code
Rent: \$ _____ From (date) _____ To (date): _____		
Landlord's Name: _____ Address _____		
Phone # _____ Fax # _____		

2. **PREVIOUS ADDRESS** \_\_\_\_\_

Street No. and Name	City, State	Zip Code
Rent: \$ _____ From (date) _____ To (date): _____		
Landlord's Name: _____ Address _____		
Phone # _____ Fax # _____		

3. **PREVIOUS ADDRESS** \_\_\_\_\_

Street No. and Name	City, State	Zip Code
Rent: \$ _____ From (date) _____ To (date): _____		
Landlord's Name: _____ Address _____		
Phone # _____ Fax # _____		

**ALL APARTMENTS ARE NON SMOKING**  
**RENTERS INSURANCE IS REQUIRED – Minimum of \$100,000 fire/legal liability insurance coverage.**

## EMERGENCY CONTACT (Parents/ Child/ Next of Kin)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Street # and Name \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship: \_\_\_\_\_

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

PLACE OF EMPLOYMENT: \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Address: \_\_\_\_\_  
Street # and Name \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you been employed here? (Give dates): From \_\_\_\_\_ To: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone #: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Address: \_\_\_\_\_  
Street # and Name \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you been employed here? (Give dates): From \_\_\_\_\_ To: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone #: \_\_\_\_\_

### OTHER SOURCES OF INCOME

(i.e. Section 8 Rental Assistance, SSI, Social Security, public assistance, W-2, alimony, child support, trust funds, etc.)

Source of Income (Name of Agency): \_\_\_\_\_

Address: \_\_\_\_\_  
Street # and Name \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Self-Employed Applicants: If you are self employed you will need to provide the following information: Tax returns, business license, bank records, and and/ or vendor names with addresses and phone numbers for verification.

### LANDLORD DISCLOSURES AND REQUIREMENTS / SIGNATURE CLAUSE

#### TENANT/ APPLICANT ACKNOWLEDGES HAVING BEEN ADVISED:

1. That copy of the proposed lease and rules and regulations of the landlord have been made available to applicant for inspection.
2. 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.

The purpose of this application is to determine whether I qualify as a tenant. Peters Rentals reserves the right to process and accept other applications received in the same time frame for the same apartment. 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 report fee is nonrefundable.

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 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 disclose material adverse fact about the property. I acknowledge receiving the following NOTICE: Information about the sex offender registry and persons registered with the registry can be obtained by contacting the Wisconsin Department of Corrections on the internet at <http://www.widocoffenders.org> or by phone at 877-234-0085.

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 ground 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.

Intentional/ unintentional misrepresentation may lead to eviction or other legal recourse by landlord.

 \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_