

Swan Creek Apartments
Proud To Be A Smoke Free Property

Rental Application

Apartment Address: _____ Unit No: _____
 Lease Term: _____ To _____ Pro Rated Dates: _____ To _____
 Rent: _____ Agent: _____ Security Deposit: _____

Amount paid: _____ Date Paid: _____ Check No: _____
 Amount paid: _____ Date Paid: _____ Check No: _____
 Amount paid: _____ Date Paid: _____ Check No: _____

Contact Information:
 Swan Creek Apartments
 1 High Point Oaks Lane Madison, WI 53719
 Phone: (608) 833-5199
 Fax: (608) 833-5173
 Email: highpoint@halanger.com

EACH ADULT MUST COMPLETE A SEPARATE APPLICATION.

Home Phone: _____ Cell Phone: _____ Work Phone: _____

You must name each household member that will occupy the unit at the time of move-in and throughout the term of the lease.

Name of Person: (First, Middle, Last)	Birth date:	Adult or Minor:	Social Security No:	Drivers License No.:	State:
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Do you expect to have any additions to the household within the next 12 months? (If Yes Name & Relationship): _____
 Do you have a cat? Yes _____ No _____

HOUSING REFERENCE:

Have you ever paid rent late: (If Yes Please Explain) _____ YES _____ NO _____
 Have you ever refused to pay rent: (If Yes Please Explain) _____ YES _____ NO _____
 Have you ever been evicted or asked to leave: (If Yes Please Explain) _____ YES _____ NO _____
 Do you owe past due rent or other monetary obligations to your current or previous landlord: (If Yes Please Explain) _____ YES _____ NO _____
 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 criminal activity, violence to persons / property, felony or other convictions? _____ YES _____ NO (If Yes Please Explain): _____

Present Address: _____ Apt No: _____ City: _____ State: _____ Zip: _____
 Landlord Address: _____ Name: _____ Phone No: _____
 Rent: _____ Lease Term: _____ To _____ Reason for leaving: _____ Fax No: _____

Previous Address: _____ Apt No: _____ City: _____ State: _____ Zip: _____
 Landlord Address: _____ Name: _____ Phone No: _____
 Rent: _____ Lease Term: _____ To _____ Reason for leaving: _____ Fax No: _____

EMPLOYMENT:

Place Of Employment: _____ Hours Per Week: _____ Gross Monthly Income: _____
 How Long Have You Been Employed Here: _____ To _____ Hourly/Salary Pay: _____
 Name Of Supervisor: _____ Phone No: _____ Fax: _____ Occupation: _____

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Please note Additional Income Sources _____ Amount \$ _____

VEHICLE INFORMATION: (Does Your Vehicle Have An Alarm System: Yes _____ No _____)

Make _____ Year _____ Color _____ Model _____ License Plate # _____ State _____
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EMERGENCY CONTACT:

Name: _____ Relationship: _____
 Phone No: _____ Address: _____

DO YOU WISH TO RECEIVE A WRITTEN EXPLANATION OF DENIAL OF TENANCY? _____ YES _____ NO _____

Receipt of earnest money deposit in the sum of \$ _____ is hereby acknowledged. This deposit is to be returned if this application is not approved. If approved this sum will be applied to the security deposit and/or first month's rent. I further acknowledge that this earnest money shall be forfeited in full as liquidated damages if I do not accept occupancy on approval of this application. Deposits may be withheld as compensation for lost rent if the landlord makes reasonable efforts to mitigate the rental loss in accordance with 704.29 Wis. Statutes. This applicant consents to a routine inquiry of references, credit agencies, and public records. This inquiry will provide applicable information concerning the applicant's character, 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. While it is landlord's policy to process applications within 3 days whenever possible, applicant agrees the landlord shall have up to twenty-one calendar days from the acceptance of the earnest money deposit to approve or deny the rental application, as allowed under ATCP 134.05 (2). Applicant acknowledges receipt of a copy of this application with reverse side disclosures as part thereof, 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 OR TERMINATION OF TENANCY AT ANY POINT. PLEASE MAKE SURE ALL INFORMATION IS COMPLETE, ACCURATE AND TRUTHFULL.

Signature: _____ Date: _____
 Signature: _____ Date: _____