

**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: \_\_\_\_\_

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 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: \_\_\_\_\_

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: \_\_\_\_\_

Please note Additional Income Sources \_\_\_\_\_ Amount \$ \_\_\_\_\_

**VEHICLE INFORMATION:** (Does Your Vehicle Have An Alarm System: \_\_\_\_\_ Yes \_\_\_\_\_ No)

Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_  
 Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_  
 Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

**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: \_\_\_\_\_