

APPLICATION FOR RESIDENCY

Property Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Mauston, Wi. 53948

Monthly Rent \$ \_\_\_\_\_ Security Dep. \$ \_\_\_\_\_

Conditions: **No Pets - No Smoking**

GENERAL INFORMATION FOR OCCUPANCY: (List all persons to reside in Apt.)

Name _____	Birthdate _____	SS# _____
Name _____	Birthdate _____	SS# _____
Name _____	Birthdate _____	SS# _____
Name _____	Birthdate _____	SS# _____

Present Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Phone # \_\_\_\_\_

Present Landlord \_\_\_\_\_ Landlord's am Phone # \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_

FINANCIAL AND CREDIT INFORMATION:

Employed by \_\_\_\_\_ Position \_\_\_\_\_ How long? \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Applicant's Income \_\_\_\_\_ /month/week/other \_\_\_\_\_

Co-Applicant Employed by \_\_\_\_\_ Position \_\_\_\_\_ How Long? \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Co-Applicant's Income \_\_\_\_\_ /month/week/other \_\_\_\_\_

Total Income \_\_\_\_\_ Will you be getting a guarantor? \_\_\_\_\_

Applicant Car:	Co-Applicant
Year/Make _____	_____
Drivers Lic.# _____	_____

In Case of Emergency, Contact: Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone #( ) \_\_\_\_\_  
Relation \_\_\_\_\_

Receipt in the sum of \$ \_\_\_\_\_ is hereby acknowledged. This deposit is to be returned to the applicant if the application is rejected. If accepted, this sum will be applied to the security deposit. At the time the lease is signed, the applicant agrees to pay the balance of the security deposit due plus the first month's rent. If the applicant refuses to sign the lease after the application has been approved, actual charges incurred will be deducted from the deposit and the balance, if any, refunded.

The Fair Credit Reporting Act, Public Law 91-508, requires that we notify you that as apart of our normal procedure, a routine inquiry be made. This inquiry will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. Inquiry will be made through Trans Union Credit Bureau.

**THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT, OR A LEASE. ALL APPLICATIONS ARE SUBJECT TO APPROVAL OF OWNER OR MANAGING AGENT.**

To the best of my/our knowledge, all of the above information is true. I/We have received and reviewed the rules and regulations for tenancy.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO- APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RENTAL AGENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CONTACT: Kevin or Lynn Erickson  
N5902 County Road HH  
Mauston, WI 53948  
608-847-5501 608-547-7220  
www.maustonapartments.com**