

WE SUBSCRIBE TO ALL FEDERAL, STATE & LOCAL FAIR HOUSING LAWS
 This is **NOT** a lease or rental agreement.

|   |  |
|---|--|
| <b>LANDLORD:</b> <u>Nantucket Apartments</u><br><b>Address:</b> <u>3141 Stratton Way</u><br><u>Madison, WI. 53719</u><br><b>Phone #:</b> <u>(608) 848 3070</u><br><b>Email:</b> <u>contact_us@nantucketapartments.net</u> | <b>MANAGER:</b> <u>Nantucket Apartments</u><br><b>Address:</b> <u>3141 Stratton Way</u><br><u>Madison, WI. 53719</u><br><b>Phone #:</b> <u>(608) 848 3070</u><br><b>Email:</b> <u>contact_us@nantucketapartments.net</u><br><b>Fax #</b> <u>(608) 848 3070</u> |
|---|--|

**UNIT INFORMATION**

The undersigned hereby makes application to rent apartment \_\_\_\_\_ (Unit Number) located at:

Monthly Rent: \_\_\_\_\_ Lease Term: \_\_\_\_\_ Security Deposit: \_\_\_\_\_ Earnest Money Paid: n/a  
 Credit Check Fee: n/a

**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.**

|  |             |                              |                                  |                         |
|--|-------------|------------------------------|----------------------------------|-------------------------|
| <b>PRIMARY APPLICANT:</b>                  |             |                              |                                  |                         |
| Name - First, Middle, Last (Maiden): _____ | M/F _____   | Social Security Number _____ | Birthdate (Month/Day/Year) _____ |                         |
| Current Address _____                      | City _____  | State _____                  | Zip Code _____                   | Drivers License # _____ |
| Phone Number _____                         | Email _____ |                              |                                  |                         |

**ADDITIONAL HOUSEHOLD MEMBERS**

|                                     |     |                        |                            |                   |
|-------------------------------------|-----|------------------------|----------------------------|-------------------|
| Name - First, Middle, Last (Maiden) | M/F | Social Security Number | Birthdate (Month/Day/Year) | Drivers License # |
|-------------------------------------|-----|------------------------|----------------------------|-------------------|

YES NO

☐ ☐ Do you expect any additions to the household within the next 12 months? Name & Relationship: \_\_\_\_\_

☐ ☐ 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: \_\_\_\_\_

☐ ☐ Do you have or do you anticipate having any pets? Explanation: \_\_\_\_\_

**APPLICANT'S RENTAL HISTORY**

CURRENT ADDRESS:

City

State

Zip Code

Rent Amount:

Start Date:

End Date:

Landlord's Name:

Address:

Landlord's Phone #:

Email:

PREVIOUS ADDRESS:

City

State

Zip Code

Rent Amount:

Start Date:

End Date:

Landlord's Name:

Address:

Landlord's Phone #:

Email:

PREVIOUS ADDRESS:

City

State

Zip Code

Rent Amount:

Start Date:

End Date:

Landlord's Name:

Address:

Landlord's Phone #:

Email:

YES NO

☐ ☐ Do you owe past due rent or other monetary obligations to your current or previous landlord?

☐ ☐ Have you ever refused to pay rent?

☐ ☐ Have you ever been evicted or asked to leave?

**VEHICLE INFORMATION**

VEHICLE #1:

Make:

Model:

Year:

Color:

Plate:

Primary Driver's Name:

Driver's License #:

VEHICLE #2:

Make:

Model:

Year:

Color:

Plate:

Primary Driver's Name:

Driver's License #:

**EMERGENCY CONTACT**

Name:

Address:

Phone #:

Email:

Relationship:

**APPLICANT'S INCOME**

Include all sources of income you want considered in this application.

PLACE OF EMPLOYMENT:

Hrs Per Week:

Gross Monthly Income:

Employment Dates:

to

Address:

Supervisor's Name:

Phone:

Email:

PLACE OF EMPLOYMENT:

Hrs Per Week:

Gross Monthly Income:

Employment Dates:

to

Address:

Supervisor's Name:

Phone:

Email:

ADD ADDITIONAL EMPLOYMENT/INCOME 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, SSI, 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's Name:  
Source of Income (Name of Agency):  
Address of Agency:  
Contact's Name:

Amount:  
  
Phone #:  
Amount:  
  
Phone #:

Email:  
  
Email:

ADD ADDITIONAL INCOME INFORMATION ON A SEPARATE SHEET IF APPLICABLE

**SELF EMPLOYED APPLICANTS:** If you are self employed 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.

APPLICANT'S CREDIT REFERENCES

| Credit Reference | Address | Phone # | Account # & Type |
|------------------|---------|---------|------------------|
| N/A              | N/A     | N/A     | N/A              |
|                  |         |         |                  |
|                  |         |         |                  |

☐ YES ☐ NO Have you ever filed for bankruptcy?

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 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 subsequent payments may be retained to compensate the Landlord's costs and damages, subject to the Landlord's duty to mitigate. If the application is rejected or withdrawn or if no action is taken by the end of the 7 calendar day following receipt of the earnest money, the earnest money and subsequent payments will be refunded by the end of the next business day.

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 an 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 upon true and verifiable information, and on meeting management's resident selection criteria.

X

Signature

Print Name

Date

Signature

Print Name

Date

LANDLORD DISCLOSURES AND REQUIREMENTS

Applicant Acknowledges Having Been Advised:

1. A receipt for earnest money collected has been given to applicant.
2. Copies of the proposed lease and rules/regulations of the Landlord have been made available to applicant for inspection.
3. I/we have been given the name and address of the person authorized to receive and receipt for notices and demands, and at which service of process can be made in person.
4. I/we have been advised of my/our right to inspect the dwelling unit and notify the landlord of any damage or defect that exist before the beginning of my/our tenancy.
5. I/we have been advised of my/our right to request, in writing, a written list of the physical damages and defects, for which the Landlord deducted money from the previous tenant's security deposit.
6. I/we have been advised of utility charges not included in the rent. T = Tenant - O = Owner

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

7. I/we have been advised that the Landlord has actual knowledge of the following uncorrected building code or housing code violations that present a significant threat to the prospective tenant's health or safety.

| Adverse Conditon:  | Yes (Explain) | No |
|--|---------------|----|
| No Hot or Cold Running Water   |               |    |
| Plumbing Facilities Not in Good Operating Condition                    |               |    |
| Sewage Disposal Facilities Not in Good Operating Condition             |               |    |
| Unsafe Heating Facilities Capable of Maintaining a Temperature of 67 F |               |    |
| Electrical Wiring, Outlets, Fixtures Not in Safe Operating Condition   |               |    |
| Other  |               |    |

8. Landlord promises to repair, clean, or improve the premises as follows by the completion dates noted:

9. 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.

LANDLORD DISCLOSURES AND REQUIREMENTS

City of Madison Ordinances:

10. That a copy of notice of eligibility for rent abatement, if any, which affects the rental unit or common areas has been provided to the tenant.
11. That the occupancy limit imposed upon the dwelling by 27.06 of the City of Madison General Ordinance is . However, occupancy is restricted to those persons named in the application and the rental agreement.
12. That the definition of a "family" pursuant to Madison General Ordinance Definitions (s. 28.211) is one of the following: An individual; or Two (2) or more people related by blood, marriage, domestic partnership, or legal adoption, living together as a single household in a dwelling unit, including foster children; up to four (4) roomers, and their dependents; or Up to five (5) unrelated adults and the dependents of each, living together as a single household in a dwelling unit; or Up to six (6) unrelated people who have disabilities under the Fair Housing Amendment Act (FHAA) or the Americans with Disabilities Act (ADA), who are living as a single household because of their disability and requiring assistance from a caregiver. Up to two (2) personal attendants who provide assistance or support to people with disabilities under the FHAA or ADA shall be considered part of a family. Such services may include support and assistance with activities, daily living or independence, including but not limited to, personal care, housekeeping, meal preparation, laundry and companionship.
13. That the zoning district in which the dwelling unit is located is
14. That the off-street parking requirements of the dwelling unit pursuant to 28-11 Madison General Ordinances is except in the central area as per section 28.07(1)(g) of the Madison General Ordinances.

X

Signature

Print Name

Date

Signature

Print Name

Date

This application has been prepared for use by members of the Apartments Association of South Central Wisconsin. The Association is 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.