



Property Management LTD.

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Date Rec _____

NUMBER OF BEDROOM/TYPE OF APARTMENT WANTED: 1BR 2BR 3BR
DATE WANTED _____ #IN FAMILY _____ PROJECT _____

APPLICANT'S FULL NAME _____
(Last) (First) (MI)

E-Mail Address _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ HOW LONG AT THIS ADDRESS? _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

REASON FOR MOVING _____

EMPLOYED BY _____ Years Employed there _____

ADDRESS of Employer _____

YOUR POSITION _____

YOUR AVERAGE MONTHLY HOUSEHOLD INCOME _____
include all house hold members

OTHER TENANTS / FAMILY TO RESIDE IN UNIT	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #
<small>Name (last) (First) (MI)</small>			

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

CO-TENANT'S PHONE & ADDRESS IF DIFFERENT THAN ABOVE _____

EMPLOYMENT OF CO-RESIDENTS

WHERE EMPLOYED HOW LONG GROSS MONTHLY INCOME

1. _____

2. _____

AUTO MAKE YEAR COLOR LICENSE

1. _____

2. _____

(IF MORE THAN 2 VEHICLES PLEASE USE THE BACK SIDE OF THIS PAGE FOR ADDITIONAL)

DRIVERS LICENSE NUMBER: Tenant _____

Co-Tenant _____

Do you plan to apply for occupancy of a pet Yes ___ dog or cat No ___
IF YES OBTAIN COPY OF PET RULES! Maximum size 15" or 20 pounds

(Additional Security Deposit of \$300 per dog, and \$150 per cat. \$10.00 each per cat per month, and \$15.00 each per dog per month minimum *subject to change* Admin Fee)

Maximum size 15" dog certain breeds not allowed.

Has your tenancy ever been terminated based on:

Fraud yes _____ no _____ Non Payment of rent yes _____ no _____

Has any member of the household been convicted of or is under indictment for a violent or drug related crime. Yes _____ NO _____

Is any member of the household disabled or handicapped as per Section 223 of the Social Security Act? YES ___ NO ___

Is any member of the household handicapped as per Section 202 of the Housing Act of 1959 or 1990? YES ___ NO ___

Is any member of the household disabled under the American for disabilities act of 1990 YES ___ NO ___

The above questions are asked to assist management in providing special considerations for Handicapped.

If "yes" to any of the above please explain

RENTAL REFERENCES or HOUSING OWNERSHIP

CURRENT LANDLORD OR LENDING INSTITUTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

IF LESS THAN 1 YEAR LIST PREVIOUS ADDRESS:

LANDLORD _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

CREDIT REFERENCES: (LIST BANK, CREDIT CARDS, CAR LOANS, ETC.)

1. NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ ACCOUNT# _____

2. NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ ACCOUNT# _____

3. NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ ACCOUNT# _____

CERTIFICATION

I hereby make application for an apartment and certify that the above information is correct. I, the undersigned, understand that this is an application and does not bind either party until notified of my acceptance. Then provisions of this certification shall become a memorandum of an understanding. I authorize you to contact my references that I have listed, to perform a credit check with a credit bureau or other appropriate organizations, or creditors including but not limited to Utility and Cable companies on a continuing basis so long as I have on application on file or an indebted to the landlord and here by grants permission to discuss my case with the assigned or responding social worker, councilor, physician, housing assistance provider or co-signer (Guarantor) of my lease.

I further acknowledge that my approval for occupancy is based upon the appropriate unit size and number of occupants. The number of occupants is limited to a maximum of two persons per bedroom 3 persons in the master bedroom of the 3 br unit if used as a dormitory style.

I acknowledge that my application may be removed from consideration if I fail to make the required deposit of earnest money within 24 hours if notified by phone or E-Mail to myself, a member of my household, or co-applicant which shall be considered notification to all co-applicants, or 48 hours of posting in the U.S. mail of my notification of acceptance.

I acknowledge that I have received or reviewed a copy of the specimen lease and addendum for any pet, project and house rules and attached copy of 59.07 (108) and 943.215 of the Wisconsin Statutes relating to absconding without paying rent and the penalties that this carries.

Where applicant withdraws application or fails to sign the lease upon being approved:

Any Earnest Money deposit made by me or in my behalf to reserve a unit, (thereby removing it from the market) and in the event I fail to execute the lease within 3 days (72 hours) of notification of acceptance, or fail to occupy the unit reserved on the date specified, the earnest money may be forfeited to the Landlord as partial liquidated damages, including but not limited to Landlord's costs and expenses in taking the dwelling unit off the market, as well as re-letting expenses such as advertising, broker commissions, office overhead, utilities and security services. If unit is re-rented applicant shall be responsible for all costs of re-renting

Landlords liability shall be limited to providing a substitute unit, if the unit leased is unavailable due to circumstances beyond the landlords control, or at the landlords option, temporary accommodations and storage of my household goods.

I further agree to abide by, and be bound by those rules and regulations of the apartment relating to admission and qualifications. The rules and regulations are on file in the office of the Housing Authority/City Clerk.

I understand that if I am eligible for tenancy at these apartments, and if I am elderly, handicapped, or disabled, I will be required to submit the signatures of two persons who agree to be my sponsors in the event that I should become unable to care for myself and/or my financial matters.

UNIT ASSIGNED _____ MOVE-IN DATE _____
Applicant's Signature Date _____

ERNEST MONEY DEPOSIT \$ _____
Co-Applicant's Signature Date _____ CASH - CHECK - M.O. REC. BY _____ DATE _____

RENT _____ SEC DEP _____ Pro-rate per day _____ Additional Charges: Washer _____ Extra Parking _____

A PICTURE IDENTIFICATION IS REQUIRED OF ALL ADULT APPLICANTS ATTACH PHOTO COPY OF DRIVERS LICENSE OR ID.