

APPLICATION FOR RESIDENCY - Southwind Prairie

Leasing Consultant: _____ Application Date: _____
Move In Date: _____ Lease Start Date: _____ Lease End Date: _____

Applicant #1

Name of Applicant: _____ SSN: _____
Mobile #: _____ Email address: _____
Date of Birth: _____ Driver License #: _____
Current Address: _____ City, State, Zip: _____
Landlord's Name: _____ Telephone: _____
Amount of Rent: _____ Length of Tenancy: _____ Reason for Leaving? _____

Has any Landlord ever filed Eviction proceedings against you? If yes, please explain: _____

Have you ever been convicted of a non-traffic related criminal offense? If yes, please explain: _____

Employer Name: _____ Telephone: _____
Address: _____ City, State, Zip: _____
Position Title: _____ Name of Supervisor: _____
How long employed? _____ Monthly Gross Income: _____

Applicant #2

Name of Applicant: _____ SSN: _____
Mobile #: _____ Email Address: _____
Date of Birth: _____ Driver License #: _____
Address: _____ City, State, Zip: _____
Landlord's Name: _____ Telephone: _____
Amount of Rent: _____ Length of Tenancy: _____ Reason for Leaving? _____

Has any Landlord ever filed Eviction proceedings against you? If yes, please explain: _____

Have you ever been convicted of a non-traffic related criminal offense? If yes, please explain: _____

Employer Name: _____ Telephone: _____
Address: _____ City, State, Zip: _____
Position Title: _____ Name of Supervisor: _____
How long employed? _____ Monthly Gross Income: _____

Please list all persons who will occupy the apartment regardless of age:

Name	SSN	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Do you have any pets? No Yes, please complete below:

Type	Name	Breed	Gender	Age	Color	Weight
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Vehicle(s)	Year	Make	Model	Color	License Plate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

In case of personal emergency, please contact: Name: _____ Relationship: _____
Address: _____ City, State, Zip: _____
Home Telephone: _____ Alternate Telephone: _____

Equal Housing Opportunity: It is our policy to lease apartments to the public on a non-discriminatory basis, without regard to race, religion, creed, color, sex, handicap, familial status, national origin, age, ancestry, sexual orientation, marital status or lawful source of income or any other protected class pursuant to federal, state or local laws. We practice equal opportunity.

Qualifying Criteria: The criteria listed below must be met in order for an application to be accepted. If any of the criteria is not met, an application is subject to rejection.

1. Income: Monthly rent shall not exceed 33% of the applicant's gross monthly income. All lawful sources of income will be verified with employer verbally or by providing a most recent check stub. Self employment must be verified by most recent tax return.
2. Residence: Present and previous residence must have satisfactory payment history and satisfactory residency history.
3. Credit: The application review will include a credit report on each applicant. If an applicant is not accepted due to an unsatisfactory credit history, the applicant will be given the name, address and telephone number of the credit reporting agency. An eviction or open judgment by a Landlord is reason for automatic application denial.

According to the State of Wisconsin Statutes, chapter 704 and the Wisconsin Department of Agriculture, Trade and Consumer Protection Chapter 134, Rental of said premises is to be for personal use only. No business may be conducted from any apartment home.

I/We certify that all the information given above is true and correct and understand that my Lease Agreement may be terminated if I have made any false or incomplete statement on this application. I/We authorize verification of the information provided in this application from my credit scores, credit bureaus, current and previous landlords and employers, and any other sources including but not limited to the sex offender hotline.

Applicant's Signature: _____ Date: _____
Co-Applicant Signature: _____ Date: _____