



RENTAL APPLICATION

Rabbi Rocky Anton (414) 708-6353
Mrs. Miriam Yarmush (414) 517-8777
e-mail: jemuwoffice@gmail.com

The undersigned hereby makes application to rent **233 Langdon St., Madison, WI** for a term of **12-** months from the **15th** day of August **2017** until the **10th** day of August 2018. The monthly rent payable during the term shall be **\$ 650 for a studio apartment** including water/sewer. **Heat, A/C, Hot Water, Electric & Gas Utility Services are NOT included. There is No parking with this apartment, nor are pets welcome. All tenants are required to have renters insurance.**

Applicant herewith remits **\$ 25** of which **\$ 25.00 is a Credit Check Fee (per person)** which is **NON refundable** and which will NOT be credited against the total Security Deposit of **\$ 650** * which Applicant agrees will become due and payable to Lessor upon acceptance of this Application by the Management Co.

1. Applicant Name _____ / _____ - ____ - ____
Single / Married / Other (please circle) Birth Date S.S. #
E-mail Address (All Applicants) _____

Contact Numbers: (____) _____ (____) _____ (____) _____
Home Work Cell
Co-Applicant Name _____ / _____ - ____ - ____
Single / Married / Other (please circle) Birth Date S.S. #
E-mail Address (All Applicants) _____

Contact Numbers: (____) _____ (____) _____ (____) _____
Home Work Cell
Others occupying apartment _____ / _____ - ____ - ____
Birth Date S.S. #
Others occupying apartment _____ / _____ - ____ - ____
Birth Date S.S. #

(If more occupants note them on the back of this application)

2. Current Address _____ City _____ State _____ Zip _____
_____ to TODAY _____ (____) _____ \$ _____ \$ _____
Date moved in Mgmt. Co/Mort. Holder Phone # Monthly Rent/Mort. Payment

3. _____
Previous Address _____ City _____ State _____ Zip _____
_____ to _____ (____) _____ \$ _____ \$ _____
Dates lived there Mgmt. Co/Mort. Holder Phone # Monthly Rent/Mort. Payment

4. _____ (____) _____ to TODAY
Applicants: Employer Address Phone # Date of hire

Position Supervisor Monthly Income \$

5. _____ (____) _____ to TODAY
Co-Applicants: Employer Address Phone # Date of hire

Position

Supervisor

Monthly Income \$

6. Other sources of income you would want considered in this application from both Applicant &

Co-Applicant:_____.

7. Do you or the co-applicant have any judgments, liens or have you declared bankruptcy in the last 5-years?

Yes_____ No_____ If YES, please explain:_____.

8. Have you or the co-applicant ever been EVICTED or requested to vacate? *If YES, explain on the back of the app.*

9. Automobiles: _____.

10. Two (2) Persons To Be Notified In Emergency:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

PLEASE READ THIS CAREFULLY AND SIGN THIS APPLICATION

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 within 48 hours of approval.** Time is of the essence. The Landlord and I have no rental agreement until the time of the lease signing.

I have paid the credit report fee indicated on this application. If this application is approved, and I fail to enter into a written lease agreement within 48 hours, Landlord will declare the outstanding application null and void, and offer the unit for re-rental. The Credit report fee and any subsequent payments may be retained to compensate the Landlord's costs and damages, subject to the Landlord's duty to mitigate. **The credit report fee is nonrefundable.**

I hereby authorize the Landlord and Manager to investigate my credit and financial responsibility, income, rental and eviction history, 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 reporting agency. I understand that falsification of information may be the sole reason for rejecting this application.

The applicant also acknowledges the following regarding Megan's Law: Information may be obtained regarding the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the internet at: <http://www.widocoffenders.org> or by phone at (877) 234-0085.

I acknowledge the opportunity to review a sample lease and the Landlord's rules and regulations. I warrant and represent that I am at least 18 years of age and that all statements herein are true and correct, to the best of my knowledge.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Property Manager

Date