

Residential Rental Application

(Each adult must complete a separate application)
\$25.00 processing fee/application

RESIDENT QUALIFYING CRITERIA

Welcome to Oakridge Apartments Madison, WI

Dear Applicant:

Oakridge Apartments believes in providing quality and a safe, clean environment for our residents. Therefore, we have established consistent procedures for review of rental applications. We ask that each prospective tenant fill out a complete application for tenancy form. Each application is thoroughly reviewed, and accepted or rejected based on the criteria listed below. Please read this information and the application carefully.

Application policies and criteria:

All prospective tenants will be informed of the availability of apartments, tenant selection criteria and rental policies. Each prospective tenant will be provided an application for tenancy. Please read all the information carefully. If you have any questions, feel free to ask. Note we are an equal opportunity housing provider and we will accept the first qualified applicant to meet the following criteria:

- 1.** Each adult applicant (over the age of 18) to reside in the apartment must fill out an application completely.
 - 2.** A complete application. If a line is not filled out (or the omission explained satisfactory), the application will be rejected. Falsified applications will be rejected.
 - 3.** Identification. We require photo identification (a driver's license or other government issued photo identification card) at the time you apply for an apartment.
 - 4.** Verifiable housing history and references. Friends and family are not considered acceptable housing references.
 - 5.** Verifiable adequate income, positive credit history and an acceptable criminal background check.
 - 6. Applicant must gross 3 times amount of rent,**
 - 7. Excessive outstanding collections are not acceptable.**
 - 8. Excessive late payments are not acceptable.**
 - 9. All collections must be paid or receipt of payment.**
 - 10. No evictions within the past 5 years.**
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Please Print Clearly

Property: _____ Unit # _____

Type of lease: _____ Rent/m _____ \$ Move-in Date _____

1. Applicant Name _____ Ph# (____) ____ / _____

Present Address: _____

City: _____ State _____ Zip: _____ DOB ____/____/_____

How long have you lived there: _____ Social Security# ____/____/_____

2. Previous Landlord _____ Ph# (____) ____ / _____

Monthly Rent: _____ \$

Reason for leaving: _____

3. Previous Landlord (if is less than 3 y) _____ Ph# _____

Landlord address: _____

Monthly Rent: _____ \$ How Long: _____

Reason for leaving: _____

4. Full names of all individuals (and ages of all children) who will be occupying Premises:

1. _____ Birth date: ____/____/_____

2. _____ Birth date: ____/____/_____

3. _____ Birth date: ____/____/_____

4. _____ Birth date: ____/____/_____

5. _____ Birth date: ____/____/_____

6. Have you ever been evicted, sued for nonpayment of rent, or breached a lease?

No _____ Yes _____ (If yes, explain) _____

7. Present Employer: _____ Ph# (____)____/_____

Occupation: _____ Title: _____

Empl. Address _____

Gross Monthly Salary _____ Length of employment _____

8. Previous

Employer _____ Ph# (____)____/_____

Employer Address _____

Occupation: _____ Title: _____

Gross Monthly _____ Length of Employment _____

9. Other Income, if any (specify source) _____

10. Automobiles: Your driver's license # _____ Issuing State _____

(1) Make / Model _____ Year _____ Plate _____ State _____

(2) Make / Model _____ Year _____ Plate _____ State _____

11. In Case of Emergency

Notify _____ Relationship _____

Address: _____

Phone# (____) _____ / _____

I CERTIFY that the above information is true and complete. I **AUTHORIZE** the verification of this information by contacting any of all individuals and financial institutions listed above. I understand that this is not a lease or an offer to rent. No binding obligation of any kind exists between the owner and myself unless and until a lease is signed. This Application is subject to prior Application. This Application shall remain the property of the owner.

Signature of Applicant: _____ Date ____/____/_____

NO PERSON SHALL BE DENIED THE RIGHT TO RENT OUR PROPERTY BECAUSE OF THEIR RACE, COLOR, RELIGION, SEX, NATIONALITY OR ANCESTRY.

AUTHORIZATION FOR RELEASE OF EMPLOYMENT VERIFICATION

I/We hereby grant you permission to disclose employment verification information to Oakridge Apartments in order that I/we may establish our eligibility for rental or an apartment located at Oakridge Apartments, Madison, Wisconsin.

Applicant's Signature

Date

Name (Please Print)

Phone #

EMPLOYER: Please fill out this section completely and fax to Oakridge Apartments at (608) 255-7324. Thanks for your help!

- 1. What is the employee's title or position? _____
- 2. What are the dates of employment? _____
- 3. What is the employee's wage rate or salary? _____
- 4. How many hours are worked per week? _____
- 5. Is this a permanent, seasonal or limited term position? _____
- 6. If limited term or seasonal, what is the estimated end date? _____

Your Signature

Date

Your Position/Employer

Phone #

Thanks again for your help!

AUTHORIZATION FOR RELEASE OF RENTAL VERIFICATION

I/We hereby grant you permission to disclose rental verification information to OAKRIDGE Apartments in order that I/we may establish our eligibility for rental an apartment located at Oakridge Apartments, Madison, Wisconsin.

Applicant's Signature

Date

Name (Please Print)

Phone #

1. What were the dates of the lease? **From:** ___/___/____ **To:** ___/___/____
2. What was the monthly rent? \$ _____
3. Were there any roommates? YES ___ NO ___
3. Did he/she have any lease violations? YES ___ NO ___
4. Was rent paid on time? YES ___ NO ___
5. Were any five days served? YES ___ NO ___
6. Does he/she currently owe any money? YES ___ NO ___
7. Have eviction proceeding ever commenced? YES ___ NO ___
8. Have there been any noise complaints or police calls? YES ___ NO ___
9. Are there any problems with their children? YES ___ NO ___
10. Was there any damage to the apartment? YES ___ NO ___
11. Would you re-rent to the resident(s) again? YES ___ NO ___
12. Was the full security deposit returned? YES ___ NO ___

Your Signature

Date

Your Position

Phone #

We appreciate your interest in becoming a resident of our apartments.
If you have any questions, please contact us at:
Tel: **(608) 255-9998** | Fax: **(608) 255-7324**
E-mail us at: office@oakridge-apartments.com
