



RESIDENCY APPLICATION

Property Address: _____

Apartment Number: ____ **Rent:** \$ _____ **Month** **Security Deposit:** \$ _____

Lease Term: From _____ to _____

Remarks: _____

NAMES OF PERSONS TO OCCUPY RESIDENCE

1. _____ SS# _____ Minor or Adult
2. _____ SS# _____ Minor or Adult
3. _____ SS# _____ Minor or Adult

PETS

Do you own a pet? Y or N If so, what kind? _____ Approx. pet weight: _____

Applications will not be approved without written veterinarian's certification of pet policy compliance.

HOUSING REFERENCE

Adult #1 - Present Address: _____ City _____ State ____ Zip ____

Landlord: _____ Phone: _____

Length of Residency: _____ Reason for Leaving: _____

Previous Address: _____ City _____ State ____ Zip ____

Landlord: _____ Phone: _____

Email Address: _____

Length of Residency: _____ Reason for Leaving: _____

Have you ever been evicted from an apartment? YES NO I yes, why?

Adult #2 - Present Address: _____ City _____ State ____ Zip ____

Landlord: _____ Phone: _____

Length of Residency: _____ Reason for Leaving: _____

Previous Address: _____ City _____ State ____ Zip ____

Landlord: _____ Phone: _____

Email Address: _____

Length of Residency: _____ Reason for Leaving: _____

Have you ever been evicted from an apartment? YES NO I yes, why?

Adult #3 - Present Address: _____ City _____ State ____ Zip ____

Landlord: _____ Phone: _____

Email Address: _____

Length of Residency: _____ Reason for Leaving: _____

Previous Address: _____ City _____ State ____ Zip ____

Landlord: _____ Phone: _____

Length of Residency: _____ Reason for Leaving: _____

Have you ever been evicted from an apartment? YES NO I yes, why?

EMPLOYMENT REFERENCE

Adult #1: Employed by: _____	How Long _____
Position Held: _____	Supervisor/Phone: _____
Gross Monthly Earnings: _____	Other Monthly Income: _____
Adult #2: Employed by: _____	How Long _____
Position Held: _____	Supervisor/Phone: _____
Gross Monthly Earnings: _____	Other Monthly Income: _____
Adult #3: Employed by: _____	How Long _____
Position Held: _____	Supervisor/Phone: _____
Gross Monthly Earnings: _____	Other Monthly Income: _____

CREDIT REFERENCE

Name of your Bank: _____	Branch: _____
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Credit Reference: _____	Phone: _____	Acct #: _____
Credit Reference: _____	Phone: _____	Acct #: _____
Credit Reference: _____	Phone: _____	Acct #: _____

I / We certify that the answers given herein are true and complete to the best of my/our knowledge. I authorize investigation of all statements contained in this application for residency as may be necessary, including a credit check.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

The undersigned agree(s) that the Landlord shall have up to 21 calendar days from acceptance of earnest money deposit to approve or deny the rental application.

Not less than 7 days after the start of tenancy, tenant may request, in writing, that Landlord provide tenant with a list of physical damages or defects, if any, charged to the previous tenant's security deposit.

RECEIPT, in the sum of \$ -0- is hereby acknowledged. This deposit is to be returned to the undersigned if the application is not accepted. If accepted, this sum will be applied to the security deposit. If applicant declines unit after being accepted and has not signed a lease, this amount is non-refundable. At the time the lease is signed, the applicant agrees to pay the balance of the security deposit. The first (1st) month's rent (+/- any applicable pro-rated amount) is due at the time of move-in.

Signature: _____ Date: _____ Phone: _____

Signature: _____ Date: _____ Phone: _____

If the application is denied, do you wish to receive written explanation: YES NO

Return Application to:

PLH & Associates, LLC
 301 Medinah Street
 Oregon, WI 53575

Or

Fax to 425-988-8996