

APPLICATION FOR RESIDENCY

SOCEKA PROPERTIES %Jack Soceka

2976 Triverton Pike Dr, Madison, WI 53711

Ph. (608) 274-0889, Fax (608) 274-7345

Apartment Location: _____
(City, State, Zip) _____

Tenant's preferred
Occupancy date: _____

APPLICANT

Applicant's name _____
Present address _____
City, State, Zip _____
Present phone # _____

WHO WILL OCCUPY APARTMENT

Applicant _____
Person #2 _____
Person #3 _____
Person #4 _____

PETS

I have a pet ___Cat ___Dog (Weight ___#)
I do not have a pet
I understand that Landlord approval, a signed pet agreement and a monthly pet fee is required to board a pet.
Approved cats \$15/month Approved dogs \$25/month No puppies/kittens ever approved.

RENTAL HISTORY

(If a continuous 2 year history cannot be recorded in this space please use an additional page)

Present address: _____ From ___/___/___ to present.
(City, State, Zip) _____
Rent: \$_____/month. I share payment with ___ people. Leaving because _____
Utilities are paid by: Landlord / Tenant (Strike one) _____
Present landlord name: _____ Landlord phone: _____

Previous address: _____ From ___/___/___ to ___/___/___.
(City, State, Zip) _____
Rent: \$_____/month. I shared payment with ___ people. Left because _____
Utilities are paid by: Landlord / Tenant (Strike one) _____
Previous landlord name: _____ Landlord phone: _____

EMPLOYMENT (If a continuous 2 year history cannot be recorded in this space please use an additional page)

Where employed now: _____ Address: _____
Supervisor: _____ Bus. Phone: _____
My position: _____ Employed here since: ___/___/___
Full time? ___ Part time? ___ Other income? Yes/ No Applicant's income: \$_____/month
Source and amount: _____

Where employed previous: _____ Address: _____
Supervisor: _____ Bus. Phone: _____
My position: _____ Employed there: ___/___/___ to ___/___/___

I.D. INFORMATION

(Note: Age is a protected class. Landlord is requesting date of birth for credit purposes.)

Driver's license number: _____ Issuing State: _____
Social Security number: _____ Date of birth: ___/___/___
Student I.D. Number: _____ School: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____
Address: _____ Phone: () _____ cont.->

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PARENTS

Parent's name: _____ Phone: _____
Parent's address _____ City: _____
State: _____ Zip: _____

CREDIT REFERENCE

Bank Name: _____
Checking account # _____
Credit cards:
Name: _____ Number: _____
Name: _____ Number: _____

VEHICLE I.D.

Automobile _____ License Plate No. _____
Automobile _____ License Plate No. _____

GUARANTEE

I understand that if my income is less than 3 times the rent that I will need to have a family member co-sign the lease and guarantee my payments.

CERTIFICATION

I certify that the information given on this application is true to the best of my knowledge.

The applicant consents to a routine inquiry of references and credit agencies. This inquiry will provide applicable information concerning the applicant's character, creditworthiness and reliability. A criminal investigation background (CIB) may also be done. At applicant's request, landlord will advise if a credit report is requested and the name and address of the credit reporting agency.

This application is subject to the approval of the landlord or his agent. False, inaccurate or incomplete information may result in the rejection of the application. Please make sure that all information is complete, accurate and truthful.

APPLICATION FEE

Please include a \$10 application fee per adult person for the purpose of paying for each applicant's credit report. Note: If you have a current credit report you may submit a copy with no fee required. If you are faxing this form please forward application fee by US mail or by personal delivery.

X _____
Applicant

Today's date: _____