

OAKLAND PROPERTY SERVICES, INC.

Property Address _____ Apt. # _____ Heard of us how? _____
Rent _____ Security Deposit _____ Lease Term From _____ To _____
Utilities Paid by Resident: None _____ Heat _____ Electricity _____ Water/Sewer _____ Other _____
Remarks and/or conditions _____
Promised repairs or improvements _____ By _____

GENERAL INFORMATION FOR OCCUPANCY: (List ALL persons to reside in the apartment.)

Name _____ Age 18 or over? _____ S.S.# _____
Coapplicant _____ Age 18 or over? _____ S.S.# _____
Coapplicant _____ Age 18 or over? _____
Coapplicant _____ Age 18 or over? _____

EVICTION INFORMATION Have you ever been evicted? _____

HOUSING INFORMATION (At least two years' housing history. Attach additional sheet if necessary.)

Present Address _____ City _____ State _____ Zip _____
Present Landlord _____ Landlord's Day Phone _____
Lease From _____ To _____ Reason for Leaving _____

Previous Address _____ City _____ State _____ Zip _____
Previous Landlord _____ Landlord's Day Phone _____
Lease From _____ To _____ Reason for Leaving _____

FINANCIAL AND CREDIT INFORMATION (Please list income from each job separately.)

Employed by _____ Position _____ How Long? _____
Address _____ Business Phone Number _____
Income \$ _____ /month/week/other Hours per week _____

Employed by _____ Position _____ How Long? _____
Address _____ Business Phone Number _____
Income \$ _____ /month/week/other Hours per week _____

Will you be getting a guarantor (co-signer)? _____

Do you wish to receive a written explanation of denial of tenancy? Yes _____ No _____

Driver's License Number _____ State _____
Year/Make _____ License Plate Number _____ State _____

122 E. Olin Avenue, Suite 195, Madison, WI 53713
(608) 257-1000 Fax (608) 256-2947 www.oaklandprop.com
oaklandprop@yahoo.com

In case of emergency, contact:

Name _____ Relationship _____
Address _____ City _____
State _____ ZIP Code _____ Phone (____) _____

Receipt in the sum of \$ _____ Is hereby acknowledged. This deposit is to be returned to the applicant if the application is rejected. If accepted, this sum will be applied to rent or security deposit. The undersigned applicant(s) agrees that the landlord shall have up to twenty-one (21) calendar days from acceptance of the earnest money deposit to approve or deny rental application

At the time the lease is signed, the applicant agrees to pay the balance due for security deposit and first month's rent. If the applicant refuses to sign the lease after the application has been approved, actual costs incurred will be deducted from the deposit and the balance, if any, refunded. Applicant(s) agrees to pay the landlord the actual cost, up to \$20.00, of obtaining a consumer credit report from a consumer reporting agency that compiles and maintains files on consumers on a nationwide basis.

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

The Fair Credit Reporting Act, Public Law 91-508 requires that we notify you that as part of our normal procedure, a routine inquiry be made. This inquiry will provide applicable information concerning character, general reputation, personal characteristics and the mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. Inquiry will be made through TRANS UNION LLC.

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

To the best of my/our knowledge, all of the above information is true. I/We have received and reviewed the rules and regulations for tenancy. I/We authorize Oakland Property Services, Inc. to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental property owners, employers and personal references. Reverification or investigation of preliminary findings is not required.

Applicant's Signature _____ Rental Agent _____
Date _____ Date _____
Phone (Day) _____ Phone (Eve) _____
Email Address _____ Application Received _____

OFFICE USE ONLY!!

HOUSING REFERENCE

	CURRENT	PREVIOUS
1. Was rent paid on time?	_____	_____
2. Were there any complaints about them?	_____	_____
3. Did they receive their full S.D.?	_____	_____
4. Present lease expires when?	_____	_____
5. Have they given proper notice?	_____	_____
6. Did they have any pets?	_____	_____
7. Were there any pest control problems?	_____	_____
8. <u>Would you rent to them again?</u>	_____	_____

Name of person you spoke with: _____
Date: _____

EMPLOYMENT

	First Income	Second Income
1. How long have they worked for you?	_____	_____
2. Permanent or limited term?	_____	_____
3. Salary range verified	_____	_____

Name of person you spoke with: _____
Date: _____

EVICTON CHECK

Eviction Records: _____

Approved _____ Denied _____ by _____ Date _____
Reason _____