

Broihahn Management & Consulting, LLC
RENTAL APPLICATION – This is Not a Rental Agreement

6200 Gisholt Dr., Suite #104, Madison, WI 53713

Office: (608) 224-1788 or 222-1981 Fax: (608) 224-1627 E-Mail: bmcmadison@aol.com

To Be Completed by Management:

Unit #: _____ Size _____ Move-in Date: _____ Flexibility _____ Rent: _____

Pet Rent _____ Other Monthly Charges: _____ Earnest Money Received: Date _____ \$ _____

Date Received: _____ Time Received: _____ a.m.p.m.

Applicant is applying for an Affordable or Market rate (Mark One)

Every adult household member must complete a separate application.

If management has any questions about this application, please provide phone numbers where you can be contacted:

Day phone: _____ Evening phone: _____

Cell or Pager Number: _____ E-Mail: _____

APPLICANT AND FAMILY INFORMATION

List all household members who will live in the dwelling. Be sure to include any temporarily absent family members (such as military/student family members who will be returning to the household and any unborn children.

Full Name & Middle Initial	Date of Birth	Social Security #

Number of foster children, if any _____. Will a live-in attendant be a household member? Yes No

APPLICANT'S EMPLOYMENT INFORMATION

Please Circle Your Current Status (Circle all that apply):

Employed full-time Employed part-time Unemployed Retired Self-Employed

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

Employment Dates: _____ Title: _____

Supervisor's name: _____ Phone: _____ Fax: _____

Gross Salary \$ _____ per _____ hour. _____ week _____ month. _____ year (mark one)

If employed by above less than twelve (24) months, give name, address & phone # of previous employer.

Previous Employer: _____ Dates of Employment: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

APPLICANT'S ADDITIONAL EMPLOYMENT INFORMATION

Please Circle Your Current Status (Circle all that apply):

Employed full-time Employed part-time Unemployed Retired

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

Employment Dates: _____ Title: _____

Supervisor's name: _____ Phone: _____ Fax: _____

Gross Salary \$ _____ per _____ hr. _____ wk. _____ mo. _____ yr.

If employed by above less than twelve (24) months, give name, address & phone # of previous employer.

Previous employer: _____ Dates of Employment: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

RESIDENCE HISTORY (Minimum 2 years history, preferably additional)

1) **Current Address:** _____

City: _____ State: _____ Zip: _____

Do you: _____ Rent _____ Own your home?

Dates of Occupancy _____ **Monthly Rent/Mortgage:** \$ _____

Reason for leaving: _____

Landlord: _____ Fax: (_____) _____ Phone: (_____) _____ - _____

Landlord address: _____ Zip: _____

2) **Previous address:** _____ City _____ State _____ Zip _____

Dates of Occupancy: _____ Monthly Rent/Mortgage: \$ _____

Reason for leaving: _____

Landlord: _____ Fax: (_____) _____ Phone: (_____) _____ - _____

Landlord address: _____ Zip: _____

3) **Previous address:** _____ City _____ State _____ Zip _____

Dates of Occupancy: _____ Monthly Rent/Mortgage \$ _____

Reason for leaving: _____

Landlord: _____ Fax: (_____) _____ Phone: (_____) _____ - _____

Landlord address: _____ Zip: _____

OTHER INFORMATION

Driver's License #: _____ State: _____

1st vehicle: Yr/Make/Model/Color: _____ License #: _____

2nd vehicle: Yr/Make/Model/Color: _____ License #: _____

(Only the vehicles listed above are permitted in resident parking on the premises.)

Do you have any pets? Yes No If yes, what kind _____

Have you ever:

1) Filed for bankruptcy? No Yes If yes when _____

2) Been evicted or had a landlord file for eviction No Yes If yes, please explain. _____

3) Willfully or intentionally refused to pay rent when due? No Yes If yes, please explain _____

4) Are you currently receiving Rent Assistance? No Yes If yes, please specify type and source _____

5) Has your Rent Assistance ever been terminated for fraud, non-payment of rent, or failure to certify? No Yes If yes, please explain. _____

6) Have you ever been convicted of a crime? No Yes If yes, please explain _____

7) Will this unit be your only place of residence? No Yes If not, please explain _____

8) List the closest relative not living with you, who we may contact in case of emergency:

Name: _____ Address: _____

Relationship: _____ Phone #: _____

PLEASE READ THIS CAREFULLY AND SIGN THIS APPLICATION

The purpose of this application is to determine whether I qualify as a resident. If my application is approved, the Landlord and I shall sign a written lease or rental agreement. The Landlord and I have no rental agreement until the time that the lease or written rental agreement is signed.

I have paid the earnest money deposit and credit report fee if applicable indicated on this application. The earnest money deposit will be applied to my security deposit or my first month's rent if the Landlord enters into a lease or rental agreement with me. If this application is approved, and I fail to enter into a lease or rental agreement, the earnest money and any subsequent payments may be retained to compensate the Landlord's costs and damages, subject to the Landlord's duty to mitigate. The earnest money and any subsequent payments will be refunded to me by the end of the next business day if: (1) this application is rejected, or withdrawn before approval; or (2) if the Landlord takes no action on this application by the end of the 21st day following the Landlord's receipt of the earnest money. The credit report fee when applicable 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 acknowledge that the Manager and the agents and employees thereof represent the interests of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

I was given the opportunity to review a sample lease or rental agreement, and the Landlord's rules and regulations and other lease addenda. I represent that I am at least 18 years of age or an emancipated minor, and that all statements herein are true and correct, to the best of my knowledge.

I warrant that all statements above set forth, to the best of my knowledge are true and correct. I understand that deliberately submitting false information or withholding information constitutes fraud. Federal law specifies fines up to \$10,000 and prison terms up to five years for fraud. Should any statement above be a misrepresentation or not a true statement of the facts, my application could be refused, or residency terminated.

THE FOLLOWING DISCLOSURES APPLY TO THE CITY OF MADISON ONLY

1. That a copy of notice of eligibility for rent abatement, if any, which affects the rental unit or common areas has been provided to the tenant.
2. That the occupancy limit imposed upon the dwelling unit by 27.06 of the City of Madison general Ordinance is ___, however, occupancy is restricted to those persons named in the application and rental agreement.
3. That the definition of a "family" pursuant to 28.03(2), Madison General Ordinances, is as follows: "A family is an individual or two or more persons related by blood, marriage, or legal adoption living together as a single housekeeping unit in a dwelling unit. Including foster children, and not more than four (4) roomers except that the "family" shall not in R1, R2, R3, R4A and R4L residence districts included more than one roomer except where such dwelling unit is owner occupied. For the purpose of this section, "children" means natural children, grandchildren, legally adopted children, stepchildren, foster children, or a ward as determined in a legal guardianship proceeding. Up to two (2) personal attendants who provide services for family members or roomers who, because of advance age or a physical or mental disability, need assistance with activities or daily living shall be considered part of the "family". Such services may include personal care, housekeeping, meal preparation, laundry or companionship."
4. That the zoning district in which the dwelling unit is located is _____
5. That the off-street parking requirements of the dwelling unit pursuant to 28.11 Madison Ordinances is _____ except in the "central area" as per section 28.07(1)(g) of the Madison Ordinances.

Applicants are made aware of their right to request accommodation (s) and unless it is determined to be an undue burden, the accommodation (s) will be provided. TTY available by calling 1-800-947-3529.

Applicant Date

Co-applicant Date

Should my application be denied for any reason, ___ I do ___ do not want a written explanation of why it was denied.

Please indicate each source of income that any member of your household (including minors) receives or anticipates receiving in the next twelve (12) months as specified below:

INCOME INFORMATION					
Description	Household Member	Amt. Rec'd	VF#	Date Mailed	Date Returned
Employment	Yes No		BMC 002		
Self Employment	Yes No		BMC 003		
Social Security/SSI	Yes No		BMC 004		
Unemployment	Yes No		BMC 014		
Child Support/Alimony	Yes No		BMC 008		
Pension/Annuities	Yes No		BMC 007		
Public Assistance/AFDC	Yes No		BMC 005		
Educational Grants/Scholarships	Yes No		BMC 017		
Military Compensation	Yes No		BMC 009		
Other Income	Yes No		BMC 010		
Rental Income	Yes No		BMC 033		
VA Benefits	Yes No		BMC 006		

Please list all assets held by ALL household members (include minors) below:

ASSET INFORMATION					
Description	Household Member	\$ of Value	VF#	Date Mailed	Date Returned
Checking Account	Yes No		BMC 001		
Savings Account	Yes No		BMC 001		
Safe Deposit Bx or any type of collection((stamps, coins, etc.)	Yes No		BMC 013		
Cash Kept at Home	Yes No		BMC 013		
Trust Account	Yes No		BMC 001		
Land Contract	Yes No		BMC 034		
Real Estate Property	Yes No		BMC 012		
Stocks/Bonds	Yes No		BMC 011		
Treasury Bills	Yes No		BMC 011		
CD/Money Markets	Yes No		BMC 001		
IRA/Keough	Yes No		BMC 001		
Assets disposed of - last 2 yrs.	Yes No		BMC 015		
Pension/Annuities	Yes No		BMC 007		

Are you legally separated? _____ yes _____ no _____ not applicable

Are you or any other adult household member claiming zero (0) income? (BMC032) _____ Yes _____ No If yes, please explain _____

Do you have less than \$5,000 in assets? (BMC 028) _____ Yes _____ No

Do you or any other household members expect any changes in your income in the next twelve months? _____ Yes _____ No
If yes, please explain _____