



APARTMENT ASSOCIATION
South Central Wisconsin

APPLICATION FOR RESIDENCY

WE SUBSCRIBE TO ALL FEDERAL, STATE & LOCAL FAIR HOUSING LAWS

This is NOT a lease or rental agreement.

LANDLORD: Capitol Centre Partners, LLC
Address: 333 N. Michigan Ave. #1700
Chicago, IL 60601
Phone #: (312) 644-1055
Email: _____

MANAGER: Prairie Management & Development Inc./
Capitol Centre Court Apartments
Address: 344 West Dayton Street
Madison, WI 53703
Phone #: (608)255-2525
Email: leasing@capitolcentrecourt.com

UNIT INFORMATION

The undersigned hereby makes application to rent apartment _____ (Unit Number) located at:

Capitol Centre Court Apartments 344 West Dayton Street Madison, WI 53703

Monthly Rent: _____ Lease Term: _____ Security Deposit: _____ Earnest Money Paid: _____
Credit Check Fee: _____

HOUSEHOLD INFORMATION

Each Adult Applicant Must Complete a Separate Application: ☒ YES ☐ NO

Complete the following information for each household member that will occupy the unit at the time of move-in and throughout the term of the lease.

APPLICATION MUST BE COMPLETED IN FULL. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL.

PRIMARY APPLICANT:

Name - First, Middle, Last (Maiden): _____	M/F _____	Social Security Number Or Passport/Visa Number _____	Birthdate (Month/Day/Year) _____
Current Address _____	City _____	State _____ Zip Code _____	Drivers License # _____
Phone Number _____	Email _____		

ADDITIONAL HOUSEHOLD MEMBERS

Name - First, Middle, Last (Maiden)	M/F	Social Security Number	Birthdate (Month/Day/Year)	Drivers License #
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YES NO

☐ ☐ Do you expect any additions to the household within the next 12 months? Name & Relationship: _____

☐ ☐ Have you, or any other person named on this application, ever been convicted of a crime related to disturbance of neighbors, destruction of property, drug related felonious criminal activity, or violence to persons or property?
Explanation: _____

☐ ☐ Do you have or do you anticipate having any pets? Explanation: _____

APPLICANT'S RENTAL HISTORY

CURRENT ADDRESS: _____ City _____ State _____ Zip Code _____

Rent Amount: _____ Start Date: _____ End Date: _____

Landlord's Name: _____ Address: _____

Landlord's Phone #: _____ Email: _____

PREVIOUS ADDRESS: _____ City _____ State _____ Zip Code _____

Rent Amount: _____ Start Date: _____ End Date: _____

Landlord's Name: _____ Address: _____

Landlord's Phone #: _____ Email: _____

PREVIOUS ADDRESS: _____ City _____ State _____ Zip Code _____

Rent Amount: _____ Start Date: _____ End Date: _____

Landlord's Name: _____ Address: _____

Landlord's Phone #: _____ Email: _____

YES NO

☐ ☐ Do you owe past due rent or other monetary obligations to your current or previous landlord?

☐ ☐ Have you ever refused to pay rent?

☐ ☐ Have you ever been evicted or asked to leave?

VEHICLE INFORMATION

VEHICLE #1: Make: _____ Model: _____ Year: _____ Color: _____ Plate: _____

Primary Driver's Name: _____ Driver's License #: _____

VEHICLE #2: Make: _____ Model: _____ Year: _____ Color: _____ Plate: _____

Primary Driver's Name: _____ Driver's License #: _____

EMERGENCY CONTACT

Name: _____ Address: _____

Phone #: _____ Email: _____ Relationship: _____

APPLICANT'S INCOME

Include all sources of income you want considered in this application.

PLACE OF EMPLOYMENT: _____ Hrs Per Week: _____ Gross Monthly Income: _____

Employment Dates: _____ to _____ Address: _____

Supervisor's Name: _____ Phone: _____ Email: _____

PLACE OF EMPLOYMENT: _____ Hrs Per Week: _____ Gross Monthly Income: _____

Employment Dates: _____ to _____ Address: _____

Supervisor's Name: _____ Phone: _____ Email: _____

ADD ADDITIONAL EMPLOYMENT/INCOME INFORMATION ON A SEPARATE SHEET IF APPLICABLE

OTHER SOURCES OF INCOME

Will you be receiving any other income that you want considered with this application (e.g. Section 8 Rental Assistance, SSI, Social Security, public assistance, W-2, alimony, child support, savings, trust funds, scholarships, or any other type of income)? If so, please provide the following information for verification.

Source of Income (Name of Agency): _____	Amount: _____
Address of Agency: _____	
Contact's Name: _____	Phone #: _____ Email: _____
Source of Income (Name of Agency): _____	
Amount: _____	
Address of Agency: _____	
Contact's Name: _____	Phone #: _____ Email: _____
ADD ADDITIONAL INCOME INFORMATION ON A SEPARATE SHEET IF APPLICABLE	

SELF EMPLOYED APPLICANTS: If you are self employed you will need to provide the following information: Tax returns, business license, bank records and/or vendor names, with addresses and phone numbers for verification.

APPLICANT'S CREDIT REFERENCES

Credit Reference	Address	Phone #	Account # & Type

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever filed for bankruptcy?
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SIGNATURE CLAUSE

The purpose of this application is to determine whether I qualify as a tenant. If my application is approved, the Landlord and I shall sign a written lease. I have no rental agreement with the Landlord before the time of the lease signing.

I have paid the earnest money deposit 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 subsequent payments may be retained to compensate the Landlord's costs and damages, subject to the Landlord's duty to mitigate. If the application is rejected or withdrawn or if no action is taken by the end of the _____ calendar day following receipt of the earnest money, the earnest money and subsequent payments will be refunded by the end of the next business day.

I hereby authorize the Landlord and Manager to investigate my credit and financial responsibility, income, rental and eviction history, conviction record, 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 an 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 warrant and represent that I am at least 18 years of age, and that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon true and verifiable information, and on meeting management's resident selection criteria.

Signature _____	Print Name _____	Date _____
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Signature _____	Print Name _____	Date _____
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LANDLORD DISCLOSURES AND REQUIREMENTS

Applicant Acknowledges Having Been Advised:

1. A receipt for earnest money collected has been given to applicant.
2. Copies of the proposed lease and rules/regulations of the Landlord have been made available to applicant for inspection.
3. I/we have been given the name and address of the person authorized to receive and receipt for notices and demands, and at which service of process can be made in person.
4. I/we have been advised of my/our right to inspect the dwelling unit and notify the landlord of any damage or defect that exist before the beginning of my/our tenancy.
5. I/we have been advised of my/our right to request, in writing, a written list of the physical damages and defects, for which the Landlord deducted money from the previous tenant's security deposit.
6. I/we have been advised of utility charges not included in the rent.

Utility Charges	Electric	Heat	Sewer/Water	Gas	Air Conditioning	Hot Water	Trash Pick-Up
Included in Rent			X			X	X
Metered Separately	X	X		X	X		
Cost Allocation	Tenant	Tenant	Owner	Owner	Tenant	Owner	Owner

7. I/we have been advised that the Landlord has actual knowledge of the following uncorrected building code or housing code violations that present a significant threat to the prospective tenant's health or safety.

Adverse Condition:	Yes (Explain)	No
No Hot or Cold Running Water		
Plumbing Facilities Not in Good Operating Condition		
Sewage Disposal Facilities Not in Good Operating Condition		
Unsafe Heating Facilities Capable of Maintaining a Temperature of 67 F		
Electrical Wiring, Outlets, Fixtures Not in Safe Operating Condition		
Other		

8. Landlord promises to repair, clean, or improve the premises as follows by the completion dates noted: _____

9. Security deposits may be withheld only for tenant damages, waste or neglect of the premises, or the non-payment of rent, utility services, or mobile home parking fees for which the Landlord becomes liable and other reasons specifically and separately negotiated and agreed to by the tenant in writing in a Nonstandard Rental Provision.

LANDLORD DISCLOSURES AND REQUIREMENTS

City of Madison Ordinances:

10. 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.
11. That the occupancy limit imposed upon the dwelling by 27.06 of the City of Madison General Ordinance is _____. However, occupancy is restricted to those persons named in the application and the rental agreement.
12. That the definition of a "family" pursuant to Madison General Ordinance Definitions (s. 28.211) is one of the following: An individual; or Two (2) or more people related by blood, marriage, domestic partnership, or legal adoption, living together as a single household in a dwelling unit, including foster children; up to four (4) roomers, and their dependents; or Up to five (5) unrelated adults and the dependents of each, living together as a single household in a dwelling unit; or Up to six (6) unrelated people who have disabilities under the Fair Housing Amendment Act (FHAA) or the Americans with Disabilities Act (ADA), who are living as a single household because of their disability and requiring assistance from a caregiver. Up to two (2) personal attendants who provide assistance or support to people with disabilities under the FHAA or ADA shall be considered part of a family. Such services may include support and assistance with activities, daily living or independence, including but not limited to, personal care, housekeeping, meal preparation, laundry and companionship.
13. That the zoning district in which the dwelling unit is located is _____
14. That the off-street parking requirements of the dwelling unit pursuant to 28-11 Madison General Ordinances is _____ except in the central area as per section 28.07(1)(g) of the Madison General Ordinances.

Signature _____

Print Name _____

Date _____

Signature _____

Print Name _____

Date _____

This application has been prepared for use by members of the Apartments Association of South Central Wisconsin. The Association is unable to provide representations or warranties that this application form complies with all current laws or regulations relating to the rental of property. Landlords/Agents are advised to consult with legal counsel for local ordinance compliance requirements.