

APPLICATION FOR RESIDENCY
DSI REAL ESTATE GROUP, INC.
2800 ROYAL AVENUE
MADISON, WI 53713
(608) 226-3060 (608) 223-0668 fax

Property Address: _____

Apartment Number: _____ Rent: _____ Security Deposit: \$275.00

Lease Term: _____ From: _____ to _____

Remarks: _____

NAMES OF PERSONS TO OCCUPY APARTMENT

1. _____ SS# _____ Minor or Adult

2. _____ SS# _____ Minor or Adult

3. _____ SS# _____ Minor or Adult

4. _____ SS# _____ Minor or Adult

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

Pets – 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: _____

Length of Residency: _____ Reason for Leaving: _____

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

Adult #2 Present Address: _____

City _____ State _____ Zip _____

Landlord: _____ Phone: _____

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 If yes, why? _____

EMPLOYMENT REFERENCE

Adult #1: Employed by: _____ How Long _____

Position Held: _____ Immediate Supervisor/Phone # _____

Gross Monthly Earnings: _____ Other Monthly Income: _____

Adult #2: Employed by: _____ How Long _____

Position Held: _____ Immediate Supervisor/Phone # _____

Gross Monthly Earnings: _____ Other Monthly Income: _____

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 \$ 75 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.

Disclosure of an applicant’s Social Security Number (SSN) is voluntary, and housing may not be denied solely on the applicant’s decision to withhold their Social Security Number.

Signature: _____ Signature: _____

Date: _____ Date: _____

Phone: _____ Phone: _____

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