



APPLICATION FOR RESIDENCY

DSI REAL ESTATE GROUP, INC
708 River Place
Madison WI 53716
Phone (608) 226-3060 Fax (608) 284-9032

Property Address: _____

Apartment Number: _____

Rent \$: _____

Preferred move in date: _____

Remarks: _____

LEGAL NAMES OF APPLICANTS

Self _____ SS# _____

Others:

_____ SS# _____ Minor Adult

_____ SS# _____ Minor Adult

_____ SS# _____ Minor Adult

Do you own a pet? _____ Yes _____ No

If yes, what kind(s)? _____

Approximate pet weight(s) _____

Breed and weight restrictions apply. Applications will not be approved without written veterinarian's certification of pet policy compliance.



HOUSING REFERENCE

Present Street Address: _____

City _____ State _____ Zip _____

Management Company Name _____

Phone _____ Email _____

Length of Residency _____

Reason for Leaving: _____

Previous Street Address: _____

City _____ State _____ Zip _____

Management Company Name: _____

Phone _____ Email _____

Length of Residency _____

Reason for Leaving: _____

Have you ever been evicted? _____ YES _____ NO

If yes, why? _____

EMPLOYMENT REFERENCE

Current Employer _____

How Long Employed _____ Position Held _____

HR Phone _____

Gross Monthly Earnings \$ _____ Other Income \$ _____



I certify that answering 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 MANAGEMENT AGENT.

FALSIFYING ANY INFORMATION WILL RESULT IN AN AUTOMATIC APPLICATION DENIAL.

Prior to occupancy, DSI Real Estate Group, LLC will require an in-person identity verification. Discrepancies between your legal name on the governmental issued ID and provided name on the application may result in the termination of lease agreement.

The undersigned agree(s) that the Landlord shall have up to (twenty-one) 21 calendar days from acceptance of earnest money deposit to approve or deny the rental application. Within (thirty) 30 days, you may submit a written request to the Landlord to view the photographs maintained by the Landlord with document the physical damages or defects that were charged to the security deposit of the previous tenant(s). RECEIPT, in the sum of \$75 earnest money is hereby acknowledged. This earnest money 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 the 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.

Applicant's Signature _____

Date _____

Phone _____

Email _____



If application is denied, do you wish to receive a written explanation _____ YES _____ NO