

Lake Towne Apartments, LLC
22 Langdon Street #101, Madison, WI 53703 Phone (608) 255-6550 615 Howard Place, Madison, WI 53703 Phone (608) 255-3311 Website: www.laketowne.com Email: office@laketowne.com

APPLICATION FOR RESIDENCY

Application will not	be processed	l unless it is c	completed in	full, sign	ed and accompa	anied by ea	rnest moni	es & photo ID.		
Today's Date:	/	/	Ema	ail:						
Applicant's Name:	Birthdate:/									
Phone: Primary ()		S	econdary	if applicable ()				
APARTMENT INFO	ORMATION	<u> </u>								
Premises: Address _					Apt. #	#	R	Rent		
Number to Occupy		Pe	ts?		Other_					
Other Resident(s) to	Occupy Apa	artment - all	adult propos	sed reside	nts must compl	lete a separ	ate applicat	tion.		
Name:					Relationsh	ip:				
Name:			Relationship:							
Name:		Relationship:								
PREVIOUS RENTA rental history does not of rental history are re owes money to another will be processed.	t include time equired to obt	e residing in s tain a credit-w	tudent housin orthy co-sign	ig or with ner to guai	parents or relative	ves. Application	cants with les	ss than 2 years ase. If applicant		
Present Address:	Stre	et			City		State	Zip		
Present Landlord:			Email:		•	one: (•		
Length of Residency:	From	/ /	To /	/	Rent: \$	Reason	o for Moving			
Previous Address: Present Landlord:			Email:		Pho					
Length of Residency:	From	<u>//</u>	_ To/_	/	Rent: \$	Reason	for Moving	· ·		
GUARANTOR/CO-co-signer below. Gua	rantor would	be guarantee	ing performa	nce of the	lease including	rent payme	nts and must	be credit-worthy.		
Address						Relatio	onship			
APPLICANT EMPL							_			
Present Employer:					Length of E	Employmen	t:			
Employer's Address: Street City State						Phone:	Phone:			
Position:							Incor	ne:		
Other Sources of Inc				_						
Amount \$	Source		Confir	mation na	ime, phone #:					
Amount \$										
Amount \$										
Credit Information					-, F					
Bank(s):				Types of	`Accounts:					
Major Credit Cards:_										
Personal Loans:										

PERSONAL REFERENCE						
Name:		Relationship:				
Address:			Phone:			
		City				
IDENTIFICATION INFORMA						
Driver's License Number:				State:		
Social Security Number:		School/ID:				
Vehicle: Make	; Color	; License #		; Sta	te	
EMERGENCY INFORMATIO	<u>N</u>					
Name(s)/Relationship:			Phone: _			
Address	Storet		City	- State	Zip	
OTHER INFORMATION	Street		City	State	Zip	
Have you ever been evicted, asked	d to leave or denied i	renewal of a lease?		Yes	No	
•		our current or a previous landlord?		Yes		
Have you or any member of your	household ever been ion of property, drug	a convicted of a crime related to g-related felonious criminal activity				
, ,	•			Yes		
Have you ever had bed bugs or ha	-			Yes		
		currences)				
applicant(s) must sign the lease co the premises after the acceptance. It is hereby understood by the part until this application is approved a	ontract and pay any ree of the application ties hereto, that this and signed and dated	accepted within 21 days. <u>Upon not</u> emaining security deposit. If for a a, the applicant forfeits all earnest application is not, and in no way, old by the landlord/owner or landlord/	ny reason the t money paid bligates the land owner's agent	e applicant(s) d(app ndlord/owner to t. This is not a	lecides not to rent licant's initials). o rent to the applican lease. We provide	
This landlord/owner abides by the The Fair Credit Reporting Act, Pu will be made. This inquiry will pr	Fair Housing Laws blic Law 91-508, recovide applicable inf	ons at www.laketowne.com, and nor and advocates Equal Opportunity i quires that we notify you that as par formation concerning character, gen uest, additional information as to the	n Housing on rt of our norm eral reputation	all government al procedure, ro n, personal char	al levels. Dutine inquiry racteristics,	
		necessary if lease is not entered into prove credit-worthiness (a			ole for cost of	
The apartment and/or building ma	y have lead-based pa	aint and/or lead-based paint hazards	s (ap	oplicant's initia	ls)	
Do you wish to receive a written e	explanation of a deni	al of tenancy? (Verbal explanation	will be given	automatically.)		
		fender registry and persons registere wi.us/public/ or by phone at 608-24		gistry by contac	ting the Wisconsin	
		the best of my knowledge. I und of this application and/or canceli			curate or	
	hecks, financial ref	o conduct routine housing referer erence investigations, and to obta				
Applicant Signature Agreeing to	the Above:					
Date Signed:	/					

Owner or Agent Signature:

Applicant Referred By: (please circle) Friend, Newspaper, Sign, Apt. Guide, Campus Asst. Ctr., Internet, Other

Date Approved: ____/___/____