



Dear Applicant:

Thank you for considering a Munz managed apartment community for your new home. We strive to make your housing decision as easy and comfortable as possible, so if you have any questions or comments, please ask. In an effort to assist you in your decision, this letter will explain our application review procedures and our acceptance criteria.

Upon receipt of your application and **\$100 non-refundable application fee**, it will be reviewed to ensure that it is complete. **Incomplete applications will not be accepted or processed.** Applications with falsified information will be denied. All adult household members must complete a separate application. All members of the household (all persons who will occupy the apartment) must be listed on each application. A driver's license or other government issued identification card with a photo will be required from each adult at the time the application is submitted. If application is submitted via email, mail, or fax, then an ID will need to be shown at a later date to complete application. Upon receipt of your completed application, we will perform the following steps:

1. **Review Your Credit Report** - We will obtain your credit report through Equifax, Experian, or TransUnion and evaluate it against our credit criteria. We will cross reference your credit report with your application, checking for conflicting information. We will evaluate your credit history. With the exception of medical accounts, any delinquent accounts, collections or judgments totaling more than \$200.00 will result in automatic denial, unless a qualified cosigner is available for the applicant or proof of payment on delinquent accounts has been provided. Delinquent rental payments for past housing will result in automatic denial, unless proof of payment can be provided.
2. **Obtain Your Housing Reference** - We will contact your present and previous housing providers with whom you have established a rental history. We will confirm that each adult in your household has maintained a good rental history. If no rental history exists and there is no established credit history, a qualified cosigner will be required. Housing references must be provided by a non-biased housing provider. A good housing reference would consist of, but not be limited to, timely rental payments, abiding by lease policies, not disturbing the neighbors and showing respect for property. Poor rental history will result in automatic denial.
3. **Verify Your Income Source/Adequacy** - We will contact all listed sources of income to verify your household's annual income. Income is verified for all adult applicants of the apartment. Your gross annual household income must equal or exceed three times the amount of your annual rent for the apartment for which you are applying. If you are self-employed, we will ask for written verification and support of income claimed. If you are unemployed, or your income is insufficient, you must have liquid assets in the form of certificates of deposit, money market accounts, or other investment accounts (stocks, bonds, etc) greater than three times

the proposed annual rent for the apartment for which you are attempting to rent. This written verification may include requests for copies of previous tax return documents and other statements to support the amount of assets claimed. All income must be derived from a lawful source.

- 4. Public Record Search-** We will review and consider any court records that may be considered a threat to real property or other resident's enjoyment of the property. This could include, but is not limited to, eviction from housing, convictions for disorderly conduct, destruction of property, drug related offenses and violence to persons.

Our rental acceptance criteria have been designed to be as fair and reasonable as possible with a goal of obtaining information that is most relevant to your potential residency. We are required to comply with all Federal, State, and local housing regulations. Therefore, we are unable to make any exceptions to these policies. If you have any questions or comments regarding these criteria, please feel free to contact our office.

Attachments:

Application for Residency
Rental History Verification

Income Source Verification
Occupancy Guidelines

4781 Hayes Road, Suite 200
Madison, WI 53704



APPLICATION FOR RESIDENCY

RETURN TO:
RENTAL CONSULTANT _____

Property Address _____ Apt. # _____

Rent _____ Other Fees _____ Security Deposit _____ Move-In Special _____

Lease Term _____ From _____ To _____ Referred By _____

It is the policy of the State of Wisconsin and Munz Corporation that all persons shall have an equal opportunity for housing as defined by federal, state and local open housing laws.

NAMES OF PERSONS TO OCCUPY APARTMENT (First, Middle Initial, Last - REQUIRED)

- 1. _____ SS# _____ DOB ___/___/___ Minor or Adult (Circle One)
- 2. _____ SS# _____ DOB ___/___/___ Minor or Adult (Circle One)
- 3. _____ SS# _____ DOB ___/___/___ Minor or Adult (Circle One)
- 4. _____ SS# _____ DOB ___/___/___ Minor or Adult (Circle One)
- 5. _____ SS# _____ DOB ___/___/___ Minor or Adult (Circle One)
- 6. _____ SS# _____ DOB ___/___/___ Minor or Adult (Circle One)

Date of birth is used for performing criminal background checks only

Do you own a pet(s)? _____ * If so, what kind? _____ Approximate weight(s) of pet(s): _____

* Applications will not be approved without written veterinarian's certification of pet policy compliance.

HOUSING REFERENCE

Present Address _____ City _____ State _____ Zip _____

Landlord _____ Landlord's Phone _____

Length of Residency _____ Monthly Rent Payment _____

Previous Address _____ City _____ State _____ Zip _____

Landlord _____ Landlord's Phone _____

Length of Residency _____ Monthly Rent Payment _____

Have you ever been evicted from an apartment? Yes No (Circle One) If yes, why? _____

INCOME

Income Source _____ Additional Income Source _____

Address _____ Address _____

Position Held _____ Position Held _____

Gross Monthly Income \$ _____ Gross Monthly Income \$ _____

How Long? _____ How Long? _____

Phone Number _____ Phone Number _____

Immediate Supervisor _____ Immediate Supervisor _____

VEHICLE/DRIVER I.D.

Driver's License # _____ State Issued _____ License Plate # _____

Car Make & Model _____ Color _____ Year _____

EMERGENCY CONTACT (Other than person listed on application)

Name _____ Relationship _____ Home Phone Number _____

Address _____ Work Phone Number _____

THIS APPLICATION IS NOT AN APARTMENT LEASE, CONTRACT OR RENTAL AGREEMENT. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT. FALSE, INACCURATE OR INCOMPLETE INFORMATION MAY RESULT IN THE REJECTION OF THIS APPLICATION. UPON APPROVAL OF THIS APPLICATION, THIS APPLICATION WILL BECOME AN ADDENDUM TO THE APARTMENT LEASE. A GOVERNMENT ISSUED PHOTO IDENTIFICATION WILL BE REQUIRED PRIOR TO LEASE SIGNING IN ORDER TO VERIFY THE IDENTITY OF THE APPLICANT. WITHIN THIRTY (30) DAYS AFTER THE FIRST DAY OF THE LEASE TERM, APPLICANT/TENANT MAY REQUEST, IN WRITING, THAT THE LANDLORD PROVIDE THE APPLICANT/TENANT WITH A LIST OF PHYSICAL DAMAGES OR DEFECTS, IF ANY, CHARGED TO THE PREVIOUS TENANT'S SECURITY DEPOSIT. IF A MATERIAL MISREPRESENTATION OF THE APPLICATION IS DISCOVERED AFTER THE COMMENCEMENT OF THE LEASE TERM, LANDLORD RESERVES THE RIGHT TO COMMENCE ACTION TO TERMINATE TENANCY.

RECEIPT in the sum of **\$100, which is non-refundable**, is hereby acknowledged. If accepted, this sum will be applied to the security deposit. At the time the lease is signed, the Applicant agrees to pay the balance of the security deposit. The first month's rent, (+/- any applicable prorated amount) is due at the time of move in. If you do not enter into a lease after this application has been approved, actual costs and damages, including lost rent, will be deducted from the deposit, and additional amounts may be due and owing over and above the amount of the deposit. Deposits may also be withheld as compensation for lost rent if the Landlord makes reasonable efforts to mitigate the rental loss in accordance with Wis. Statutes 704-29.

The undersigned Applicant agrees that the Landlord shall have up to twenty-one (21) calendar days from receipt of the earnest money deposit to approve or deny the rental application.

Applicant hereby acknowledges receipt of a copy of this application, including disclosure information contained on page 2 of this application, Acceptance Criteria Letter, Apartment Lease, Policies and Procedures Addendum, NONSTANDARD RENTAL PROVISIONS and any other addenda that Applicant has expressed interest in which will require the Applicant's signature upon entering into a lease.

The Applicant consents to a routine inquiry of housing, income, credit references, and CCAP. This inquiry will provide applicable information concerning the Applicant's character, creditworthiness and reliability. At Applicant's request, Landlord will advise if a credit report is requested and the name and address of the credit reporting agency. (See disclosures on the reverse side of this application.)

Do you wish to receive a written explanation of a denial of tenancy? Yes No

I certify that the answers given herein are true and complete to the best of my knowledge.

Signature _____ Date _____

Phone Number _____

Email _____

LANDLORD DISCLOSURES AND REQUIREMENTS

Items one through ten below are required of a landlord/agent by the State of Wisconsin and all items are required by the City of Madison prior to entering into a rental agreement with a tenant and/or prior to accepting earnest money or a security deposit. Other governmental jurisdictions may have additional laws and regulations that apply.

TENANT/APPLICANT ACKNOWLEDGES HAVING BEEN ADVISED:

1. that a receipt for money collected has been given tenant;
2. that copies of the proposed lease and rules and regulations of the landlord will be made available to tenant for inspection;
3. of the name and address of the person authorized to receive rent, manage and maintain the premises, who can readily be contacted, and an owner or agent with an address within the state authorized to receive and receipt for notices and demands, and at which service or process can be made in person (see reverse);
4. that tenant has seven days, after the beginning of tenancy, to inspect the dwelling unit and notify landlord of any damages or defects existing prior to the beginning of tenancy;
5. of utility charges not included in the rent (see #2);
6. of the following uncorrected building and housing code violations, for which the landlord has received notice from code enforcement authorities and which affect the entire premises (in the City of Madison) or, the following uncorrected building code or housing code violations that present a significant threat to the prospective tenant's health or safety (State of Wisconsin). None
7. that the premises contain the following conditions adversely affecting habitability: None
8. that attached is an itemized description of any physical damages or defects for which deductions were made from the security deposit of the previous tenant. (OR) No determination has yet been made as to the amount, if any, of deductions and if such deductions are made, tenant will be provided with a written itemized description of said damages or defects at the time the previous tenant is notified; (Strike provision not applicable.)
9. that landlord promises to repair, clean, or improve the premises as follows by the completion dates noted: _____
_____; and
10. that security deposits may be withheld only for tenant damage, waste or neglect of the premises or the nonpayment 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, other than in form provision.

THE FOLLOWING DISCLOSURES APPLY TO THE CITY OF MADISON ONLY

TENANT/APPLICANT ACKNOWLEDGES HAVING BEEN ADVISED:

11. 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;
12. that the occupancy limit imposed upon the dwelling unit by 27.06 of the City of Madison General Ordinances is _____; however, occupancy is restricted to those persons named in the application and rental agreement;
13. that the definition of a "family" pursuant to 28.03(2), City of 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 term 'family' shall not in R1, R2, R3, R4A and R4L residence districts include 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 advanced 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;"
14. that the zoning district in which the dwelling unit is located is _____; and,
15. that the off-street parking requirements of the dwelling unit pursuant to 28.11 City of Madison General Ordinances is _____ except in the "central area" as per section 28.07(1)(g) of the City of Madison General Ordinances.



INCOME SOURCE VERIFICATION

Name of Applicant(s) _____

Address Being Applied For _____

Income Source _____

Telephone/Facsimile Number _____

Applicant consents to a routine inquiry of income verification. I hereby authorize the release of the requested information.

Applicant

Date

APPLICANT: DO NOT WRITE BELOW THIS LINE

In order for us to consider this applicant, all questions must be answered.

1. Position and Title: _____

2. Income amount? \$_____ (Circle one) Hourly / Weekly / Monthly / Yearly

3. If hourly rate, average number of hours worked weekly _____

4. Name and title of person verifying income?

Name: _____ Title/Phone #: _____

Office Use Only:

A. Monthly Income _____

B. Rent per month x 3 _____

C. Line A-Line B _____*

*If this amount is negative, applicant will be required to obtain a qualified cosigner.

Signature of Person Completing this form: _____

_____ Date _____

RENTAL HISTORY VERIFICATION

Name of Applicant(s) _____
Previous Address _____
Name of Housing Provider _____
Telephone/ Fax Number _____
Address Applying For _____

Applicant consents to a routine inquiry of references. I hereby authorize the release of the requested information.

Applicant

Date

APPLICANT: DO NOT WRITE BELOW THIS LINE

In order for us to consider this applicant, all questions must be answered.

Are you related to or a friend of the applicant? (If so, do not count as a non-bias housing reference.)	YES	NO
Was/Is the above listed applicant on a lease with you? If yes, please specify the lease terms. From _____ To _____	YES	NO
Was proper notice given to vacate?	YES	NO
In the last lease period, was rent late more than two times? If yes, how often? _____	YES	NO
Were more than two NSF checks presented within the last 12 months?	YES	NO
Have you issued any five-day notices within the last 12 months? Please list dates and reasons for issuing. _____ _____	YES	NO
Did applicant allow persons other than those listed on the lease to live in apartment without housing provider's approval?	YES	NO
Was/Is there damage to the apartment or property by applicant, family members or guests?	YES	NO
Did applicant ever have pest control issues? If so, please explain. _____	YES	NO
Did applicant have a pet? If yes, were there any issues?	YES	NO
Is/Was the applicant evicted or under eviction action?	YES	NO
Would you renew/re-rent to this person?	YES	NO

Housing Provider Signature

Date

Telephone reference verification conducted by: _____ Date _____ Name of person who provided telephone reference: _____

MUNZ APARTMENT COMMUNITIES
OCCUPANCY GUIDELINES

Effective April 30, 2014

EFFICIENCY

1 Person Limit

1 BEDROOM

2 Person Limit

2 BEDROOM

4 Person Limit
(no more than 2 unrelated adults)

3 BEDROOM

6 Person Limit
(no more than 3 unrelated adults)

*Children under the age of two will not count towards the person limit of each apartment listed above.

Adult = 18 years and older