



Application for Residency

We subscribe to all federal, state and local fair housing laws

This is not a lease or a rental agreement

- 1) no pets 2) 2 per bedroom limit
- 3) Rent not to exceed 30% of monthly income and 35% of monthly income if utilities are included
- 5) earnest money of \$100.00

LANDLORD: _____
 Address: _____
 Phone #: _____

MANAGER: Schwab Properties, LLC
 Address: 601 Oregon Street- Suite B, Oshkosh, WI 54902
 Phone #: (920) 233-5810 Fax: (920) 233-7363

UNIT INFORMATION

The undersigned hereby makes application to rent apartment _____ (Unit Number) located at _____
 Monthly Rent: _____ Lease Term _____ one year
 Security Deposit: one month's rent Earnest Money Paid: \$100.00 Credit Check Fee (Non-refundable): 0

HOUSEHOLD INFORMATION

Each Adult Applicant Must Complete a Separate Application YES _____ NO X

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.

NAME: First, Middle, Last	M/F	Social Security Number	Birthdate Month/Day/Year

WHERE CAN YOU BE REACHED? Daytime Phone #: _____ Evening Phone #: _____

- Yes No
- 1. Do you expect any additions to the household within the next 12 months? Name and Relationship _____
 - 2. Have you, or any other person named on this application, ever been convicted of a crime? Explanation. _____
 - 3. Do you have or do you anticipate having any pets? _____
 - 4. Have you ever refused to pay rent? _____
 - 5. Have you ever been evicted? _____

1. **CURRENT ADDRESS** _____
 City _____ State _____ Zip _____
 Rent: _____ From (date): _____ To (date): _____
 Landlord's Name: _____ Address: _____
 Phone #: _____ Fax #: _____

2. **PREVIOUS ADDRESS** _____
 City _____ State _____ Zip _____
 Rent: _____ From (date): _____ To (date): _____
 Landlord's Name: _____ Address: _____
 Phone #: _____ Fax #: _____

3. **PREVIOUS ADDRESS** _____
 City _____ State _____ Zip _____
 Rent: _____ From (date): _____ To (date): _____
 Landlord's Name: _____ Address: _____
 Phone #: _____ Fax #: _____

EMERGENCY CONTACT

Name: _____
 Address: _____
 Phone #: _____ Relationship _____

VEHICLE INFORMATION

Car #1: Make/Model/Yr./Color: _____
 Plate #: _____ Driver's License #: _____
 Car #2: Make/Model/Yr./Color: _____
 Plate #: _____ Driver's License #: _____

APPLICANT'S INCOME/CREDIT: Include all sources of income you want considered in this application.

PLACE OF EMPLOYMENT: _____ How many hours per week? _____ Address: _____ How long have you been employed here? (Give dates): From: _____ To: _____ Gross Monthly Income: _____ Supervisor's Name: _____ Phone #: (____) _____
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