

Other Information:

Have you ever been evicted, asked to leave or denied renewal of a lease? _____
Do you owe any past due rent or other debt to your current or previous landlord? _____
Have you or any member of your household ever been convicted of a crime related to
disturbance of neighbors, destruction of property, drug-related felonious criminal activity
or criminal violence activity? _____
If "yes" to any of these please explain and list dates: _____

Receipt in the amount of \$ _____ is hereby acknowledged. This deposit is to be
returned to the applicant(s) if the application is not accepted within 21 days. Upon
notification of acceptance of this application, the applicant(s) must sign the lease contract.
If for any reason the applicant(s) decides not to rent the premises after the acceptance of
the application and/or the lease contract, the landlord may withhold from the deposit the
actual costs, damages, or loss of rent incurred because of the decision not to rent, and any
costs over the deposit amount will be the responsibility of the applicant(s). It is hereby
understood by the parties hereto, that this application is not, and in no way, obligates the
landlord to rent to the applicant(s) until this application is approved and signed and dated
by the landlord. This is not a lease.

This landlord abides by the Fair Housing Laws and advocates Equal Opportunity in
Housing. The Fair Credit Reporting Act, Public Law 91-508, requires that we notify you
that as part of our normal procedure, routine inquiry will be made. This inquiry will
provide applicable information concerning character, general reputation, mode of living
and financial status. You may obtain information about the sex offender registry by
contacting the WI Dept. of Corrections at www.widocoffenders.org

**The information given on this application is true to the best of my knowledge. I
understand that any false, inaccurate or incomplete information may result in the
rejection of this application and/or cancellation of any lease.**

**I do, hereby, authorize the landlord/management to conduct routine housing
references, employment verification, criminal background checks, public records
checks, financial reference investigations, and to obtain and rely on credit agency
reports for the purpose of processing this application.**

Applicant Signature Agreeing to the Above: _____ Date _____

**The security deposit must accompany the application in order for it to be processed. If
the application is not approved, the deposit is mailed back to you.

K & K MANAGEMENT
P O BOX 6214
MONONA WI 53716
(608)222-1330
Email: KKMGMT@YAHOO.COM
Website: madisonareaapartment.com
Fax: 608-222-6684

APPLICATION FOR RESIDENCY
(Each adult must fill out an individual application)
NO PETS

Property address: _____ Monona WI 53716
Rent \$ _____ Utilities _____ Sec. Dep.\$ _____
Tenancy Term _____ to Noon _____

Application will not be processed unless it is completed in full, signed and accompanied by the security deposit.

Today's date _____ Email: _____

Applicant's name _____ Birthdate _____
Home Phone _____ Cell Phone _____ Work Phone _____

Present Full Address including zip code: _____

Present Landlord _____ Phone _____

Length of Residency: ____ / ____ / ____ to ____ / ____ / ____ Rent:\$ _____

Reason for moving: _____

Previous address _____

Previous Landlord _____ Phone _____ Rent\$ _____

Reason for moving _____

Other Resident(s) to Occupy Unit

Name: _____ Relationship _____

Name: _____ Relationship _____

Present Employer: _____ Length of Employment _____

Employer's Address _____ Phone _____

Monthly Income \$ _____ Position _____

Identification Information: Driver's License _____

Social Security Number _____

Vehicle: Make _____ Color _____ License # _____

(One vehicle per person/must have current plates)

Emergency Information: Name/Relationship _____

Home Phone _____ Cell Phone _____ Address _____

OVER -----