

Castleberg Communities Residency Application

Properties (check the property you are applying for) <input type="checkbox"/> Whispering Pines <input type="checkbox"/> Tuc-A-Way <input type="checkbox"/> Stoughton Arms <input type="checkbox"/> Richmond Hill <input type="checkbox"/> Lincoln Avenue <input type="checkbox"/> E. Jefferson <input type="checkbox"/> Other: _____	Landlord's contact information: Mailing Address: 1703 Whispering Pines Way, Fitchburg, WI 53713 Office 608-271-6700, Fax 800-620-1656, Email: Info@CastlebergCommunities.com How Did you hear about us?: _____ Desired Move-in date: _____ What Style and/or Address are you applying for?: _____
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APPLICANT INFORMATION

Name:		Date of Birth:	
Social Security #:		Driver's License #:	
Email Address:		Home Phone #:	
Work Phone #:		Cell Phone #:	
Current Employer:		How Long:	
Position/Job Title:		Annual Income:	
Supervisor:		Supervisor Phone # or email:	
Other Income sources & Monthly Amounts:			
Emergency Contact Name:			
Street:		Unit #:	
City:		State:	Zip code:
Relationship:		Home Phone #: ()	

RENTAL HISTORY

Present Address (Street Number, Apartment #, City, State, Zip code):			
Street:		Unit #:	
City:		State:	Zip code:
How long at present address:		Reason for moving:	
Current rent payment:		Management Company Phone #:	
Landlord's Name:		Management Company Fax # or email:	
Prior Address (Street Number, Apartment #, City, State, Zip code):			
Street:		Unit #:	
City:		State:	Zip code:
How long at prior address:		Reason for moving:	
Rent payment:		Management Company Phone #:	
Landlord's Name:		Management Company Fax # or email:	

OTHER OCCUPANTS INFORMATION (if applicable)

No. of occupants:			
Name		Adult (must fill out separate application) <input type="checkbox"/>	Minor Child <input type="checkbox"/>
Name		Adult (must fill out separate application) <input type="checkbox"/>	Minor Child <input type="checkbox"/>
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Name		Adult (must fill out separate application) <input type="checkbox"/>	Minor Child <input type="checkbox"/>

MISCELLANEOUS QUESTIONS

Have you ever filed bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO		Ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ever been evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO		Ever failed to pay rent on time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ever had an eviction filed against you in court? <input type="checkbox"/> YES <input type="checkbox"/> NO			
had bedbugs in the last year? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you smoke inside? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a checking Account? <input type="checkbox"/> YES <input type="checkbox"/> NO		Current Balance: \$	
Do you have a savings Account? <input type="checkbox"/> YES <input type="checkbox"/> NO		Current Balance: \$	
Do you have credit card(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO		Total current minimum Payments: \$	
Do you have pets? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" please complete the boxes below.			
Name		Type/Breed:	Weight:

Rental Policies & Procedures

1. **A complete application from each adult who is to live the apartment is required.** Management reserves the right to reject any application that is incomplete, falsified or does not meet our criteria. Proof of identity may be required.
2. **Occupancy Standards:** No more than two persons per bedroom.
3. **Income Criteria:**
 - A. Must include all sources of income
 - B. Income must be legally verifiable
 - C. Monthly income must be continuous to satisfy all months of the lease
 - D. Rent must not exceed more than 33% of gross household income
4. **Rental History:**
 - A. A minimum of two years of acceptable rental history or home ownership is required. If there is a lack of rental history a Guarantor/co-signer may be allowed.
 - B. Late payment history is grounds for denial
 - C. Housing references indicating history of noise complaints, lack of cleanliness inside or outside will also be grounds for denial
 - D. History of eviction will be grounds for denial
5. **Credit History:** There must be a good history of acceptable credit. Judgments, tax liens, loan defaults and open/closed collection accounts may be grounds for denial. If there is a lack of credit a Guarantor/co-signer may be allowed.
6. **Guarantor (Co-signers):** Must have acceptable credit and sufficient income to guarantee the applicants financial obligations to the rental unit and to the property. Rental Application Policies and Procedures apply to Guarantor as well as to Applicant. Guarantor has no rights to occupy the dwelling or have access without written consent from the Applicant.
7. **Background Checks:** Will be done on every Applicant. Criminal activity is grounds for denial if circumstances of the offense bear a substantial relationship to tenancy and if permitted by law.
8. **Pet Policies (policies vary with different properties):**
 - A. No snakes or exotic animals
 - B. No rodents except caged hamsters or guinea pigs
 - C. Cats and dogs may not be allowed, and if allowed, restricted in numbers, size, and breed
 - D. Dogs, if allowed, should always have tags and be on leashes
 - E. Visiting pets are not allowed
 - F. A monthly pet fee and/or deposit may apply
 - G. Pet references are required
9. **Security Deposits:** Security deposit is required after application has been approved.
10. **Cash Policies:** Cash is not an acceptable form of payment. Personal checks, cashier's checks, money orders are accepted.

This Application is not a lease agreement and does not guarantee you will be approved for a rental unit. This application will not be considered valid unless it has been signed and completed in full with no omissions. If something doesn't apply to you please write not applicable (N/A) in the space provided. All residents over the age of 18 must fill out a separate application.

Landlord does not discriminate against any applicant on the basis of an illegal purpose including, race, color, religion, sex, national origin, age, disability or family status. Such discrimination as the sole basis of refusal to rent is illegal throughout the United States. Local or State laws may provide additional protected classes from discrimination. You can call the U.S. Department of Housing and Urban Development (HUD) at 1-800-424-8590 to ask questions about discrimination.

Notice of sex offender Registry- You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the Internet at <http://www.widocoffenders.org> or by telephone at (608) 240-5830.

I represent that the information provided in this Application is true and correct to the best of my knowledge.

I understand that this Application is not a rental agreement and that this Application does not create any obligation on the Landlord.

I understand that the information provided might be used by Landlord to determine whether to accept this Application. I authorize Landlord to verify all the information given in this application, including banking and personal references and employment information provided.

I also authorize Landlord to perform a credit check and a criminal history check. I consent to the release of information relating to my credit and any and all the information provided in this application. Proof of information accuracy may be required.

Applicant's Signature

Date

Print Name

Office Use Only

Unit Applied For:	Proposed Rent: \$
Specials:	Security Deposit: \$
Verified: <input type="checkbox"/> Monthly Income \$ _____ <input type="checkbox"/> Current Tenancy <input type="checkbox"/> Previous Tenancy <input type="checkbox"/> Credit <input type="checkbox"/> Background	
Notes:	

Fax for Employment/Income Verification

To: HR Department/Payroll Verifier

Fax # or email: _____

From: Castleberg Communities
1703 Whispering Pines Way
Madison, WI 53713
(608) 271-6700 phone
(800) 620-1656 fax

Date Sent: _____

Number of Pages: _____

Email: Info@CastlebergCommunities.com

Applicant's Authorization for Release of Information:

I hereby authorize Current/Previous Employer's Income verifier to give information involving my Income/wages to Castleberg Communities staff. **Note: You may provide your two most recent paystubs in lieu of this form.**

Applicants Name:	Company Id #: (if applicable)	Applicant's Phone #:	Applicant's Address:

Applicant's Signature: _____ Date _____

To Whom It May Concern: The listed applicant has applied for residency with us and you have been listed as their current employer or other income verifier. We would appreciate receiving the following information within the next 24 hours. Your reply will be held in strict confidence. **Please fax back the completed verification form to 800-620-1656 or email it to Info@CastlebergCommunities.com. Thanks for your assistance.**

Place of Employment/Employer:			
Present Position:		Date of Hire:	
<i>Pay Rate if Hourly</i>		<i>Pay Rate if Salaried</i>	
Hourly Pay:	Anticipated Annual Pay:	Monthly:	Annually:
Additional Compensation:			
Overtime:	Commissions:	Bonus:	Tips:
\$	\$	\$	\$
Probability of Continued Employment (circle one)		Employment Status (circle one)	
None	Poor	Fair	Good
			Excellent
		Part-time	Full-time
		Seasonal	Temporary
Notes:			
Other income:			
Anticipated Income :		Frequency of income:	
Anticipated Income :		Frequency of income:	

Verifier Signature: _____ Print Name: _____

Title: _____ Date: _____

Fax for Residency Verification

To: Current or Previous Landlord Fax # or email: _____
 From: Castleberg Communities Date Sent: _____
 1703 Whispering Pines Way
 Madison, WI 53713
 (608) 271-6700 phone
 (800) 620-1656 fax
 Number of Pages: _____
 Email: Info@CastlebergCommunities.com

Applicant's Authorization for Release of Information:

I hereby authorize Current/Previous Landlord to give information involving my lease and tenancy to Castleberg Communities staff.

Address you lived at over the last 2 years:

- 1) _____
- 2) _____

Applicants Name (Print):	Applicant's Signature:	Applicant's Phone #:
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To Whom It May Concern: The Listed applicant has applied for residency with us and you have been listed as one of their Landlords. We would appreciate receiving the following information within the next 24 hours. Your reply will be held in strict confidence. Please fax back the completed verification form to 800-620-1656 or email it to Info@CastlebergCommunities.com. Thanks for your assistance.

Names on Lease:			
Date of occupancy:		Lease Expiration Date:	
Are you the owner of the property			
Are you related to the applicant?			
Was the appropriate Notice to Vacate given?	YES	NO	Comments:
What was the Monthly Rental Amount? : \$			
Were there any Late Payments?	YES	NO	How Many? :
Were there any NSF checks	YES	NO	How Many? :
Were there any 5-days issued?	YES	NO	How Many? :
Were any 14-days notices issued?	YES	NO	How Many? :
Did evction proceedings ever start?	YES	NO	Comments:
Were there any noise disturbances?	YES	NO	Comments:
Were there any complaints about applicant/occupants?	YES	NO	If "YES" what were they:
Were there any police calls?	YES	NO	Comments:
Were there any unauthorized tenants in unit?	YES	NO	Comments:
Did you ever suspect the tenant, occupants or tenants guests of drug trafficking or other illegal activity?	YES	NO	If "YES" what were they:
Did the tenant practice good housekeeping?	YES	NO	Comments:
Have there been any reports of bedbugs, roaches, or any other infestations for this tenant's unit?	YES	NO	Dates of Treatment:
Did this tenant take up more of managements time than other residents	YES	NO	Comments:
Would you rent to them again and/or was a renewal offered?	YES	NO	If "NO" Why:
Comments/ Financial Status/Lease Violations:			

PETS

Did this resident have any pets?	YES	NO	If "YES" please answer the following
Did the animal cause any damage to the property (outside or inside)?	YES	NO	Comments:
Are you aware of any injury the animal has caused to people?	YES	NO	Comments:
Are you aware of any injury the animal has caused to other animals?	YES	NO	Comments:
Do you find this animal threatening in any way?	YES	NO	Comments:
Would you recommend this animal to live in an apartment again?	YES	NO	Comments:

Verifier Signature: _____ **Print Name:** _____
Title: _____ **Date:** _____