

EMPIRE PLACE
APPLICATION FOR RESIDENCY

This is NOT a lease or a rental agreement.

LANDLORD: Echo – Sixty Six LLC
1911 Monroe Street
Madison, WI 53711

PROPERTY ADDRESS: Empire Place
1917 Monroe Street
Madison, WI 53711

PLEASE MAIL COMPLETED APPLICATION TO: Or email to marksmith@empirephotos.com
Mark Smith – Echo-Sixty Six LLC
1911 Monroe Street
Madison, WI 53711

PLEASE PRINT CLEARLY

UNIT INFORMATION

Address: 1917 Monroe St., Madison, WI 53711 Apt. No.: _____ Rent: \$ _____
Lease Term: From _____ to _____ Security Deposit: \$ _____ Parking: ___y ___n

HOUSEHOLD INFORMATION

Each adult co-applicant must complete a separate application.

First Name: _____ Middle: _____ Last: _____
Social Security Number: _____ Cell Number: _____
 Male Female Email Address: _____ Date of Birth: _____
Driver's License Number: _____ State Issued From: _____

List All Residents to Occupy Apartment:

- 1. Name: _____ Age: _____ Relationship: _____ Phone: _____
Email: _____
- 2. Name: _____ Age: _____ Relationship: _____ Phone: _____
Email: _____
- 3. Name: _____ Age: _____ Relationship: _____ Phone: _____
Email: _____
- 4. Name: _____ Age: _____ Relationship: _____ Phone: _____
Email: _____

Yes No

- _____ _____ 1. Do you expect any additions to the household within the next 12 months? Name & Relationship: _____
- _____ _____ 2. Have you, or any other person named on this application, ever been convicted of a crime related to disturbance of neighbors, destruction of property, drug-related felonious criminal activity or violence to persons or property? Explanation: _____
- _____ _____ 3. Do you have any pets? _____
- _____ _____ 4. Do you owe past due rent or other monetary obligations to your current landlord or a previous landlord? _____
- _____ _____ 5. Has an eviction action ever been filed against you or someone you were living with at the time? If yes, by whom, when, and for what reason? _____

EMERGENCY CONTACT

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone #: _____ Relationship: _____
Email: _____

APPLICANT'S RENTAL HISTORY

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: _____

VEHICLE INFORMATION

PARKING: Is parking desired? (Y/N): _____ **Availability of parking is not guaranteed.**

1. VEHICLE #1:
Primary Driver's Name: _____
Make/Model/Year/Color: _____
License Plate #: _____ Driver's License #: _____

2. VEHICLE #2:
Primary Driver's Name: _____
Make/Model/Year/Color: _____
License Plate #: _____ Driver's License #: _____

APPLICANT'S INCOME

Include all sources of income you want considered in this application.

PLACE OF EMPLOYMENT: _____ Hours Worked per Week: _____
Address: _____ City: _____ State: _____ Zip: _____
Employment Dates: From: _____ To: _____ Gross Monthly Income: _____
Supervisor: _____ Phone: _____

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SELF-EMPLOYED APPLICANTS: If you are self-employed you will need to provide the following information: Tax returns, business license, bank records and/or vendor names, with addresses and phone numbers for verification.

Add additional employment information on a separate sheet.

ADDITIONAL SOURCES OF INCOME

Will you be receiving any other income that you want considered with this application (e.g. Section 8 Rental Assistance, SSI, Social Security, public assistance, W-2, alimony, child support, savings, trust funds, scholarships, or any other type of income)? If so, please provide the following information for verification.

Source of Income (Name of Agency): _____
Address of Agency: _____
Contact Person's Name: _____ Contact's Phone #: _____
Amount of Income: _____

Add additional income information on a separate sheet.

CREDIT REFERENCES

(Names of Credit Cards, Loans, etc.)

- 1. _____
- 2. _____
- 3. _____

BANK REFERENCES

Savings: _____
Checking: _____
Loans: _____

Have you ever filed for bankruptcy? Yes: _____ No: _____

STUDENT INFORMATION

Where Enrolled: _____ Major Course: _____
Class: _____ Full/Part Time: _____

SIGNATURE CLAUSE

The purpose of this application is to determine whether I qualify as a tenant. If my application is approved, the Landlord and I shall sign a written lease. I have no rental agreement with the Landlord before the time of the lease signing.

I hereby authorize the Landlord and Manager to investigate my credit and financial responsibility, income, rental and eviction history, and the statements made in this application, and if necessary to obtain a consumer credit report on me from a consumer reporting agency that compiles and maintains files on consumers on a nationwide basis. My performance under any lease or rental agreement that I may enter into with the Landlord may be reported to such reporting agency.

I acknowledge that the Manager and the agents and employees thereof represent the interests of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

I warrant and represent that I am at least 18 years of age and that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent on meeting management's resident selection criteria.

Signature Date

Signature Date