

APARTMENT RENTAL APPLICATION

Thank you for applying with Common Wealth, a non-profit community development corporation committed to preserving the vitality of Madison's Williamson-Marquette neighborhood, and to revitalizing Madison's Meadowood neighborhood.

Common Wealth is accepting applications for current apartment vacancies. All apartments shall be rented on a first come, first served basis, as defined by a completed and verified application.

Please fill out the attached application, completely and accurately, and return it along with last year's tax return to Common Wealth in person or by mail. Once we have reviewed your application and completed the appropriate reference, income, credit, and conviction checks, we will notify you of your application status. If your application is rejected, you will receive notification as to the grounds for rejection, unless you waive notification.

ALL COMMON WEALTH PROPERTIES ARE SMOKE-FREE, DRUG-FREE & VIOLENCE-FREE. VIOLATIONS OF THESE RULES BY TENANTS OR THEIR GUESTS WILL LEAD TO EVICTION OR NON-RENEWAL. Tenants and guests are not allowed to smoke in individual apartments nor anywhere on the premises. Sorry, **no dogs allowed**. We allow **ONE** spayed/neutered cat. A **\$200 pet deposit** will be due upon lease signing. We follow the City of Madison occupancy rules. However, we do not allow any more than 2 unrelated persons in a household.

SCREENING CRITERIA FOR ALL RENTAL APPLICATIONS:

COMPLETED APPLICATION: Each adult applicant (including spouses, partners, roommates, and adult children) must provide all information requested on the application. **False information or misrepresentations is grounds for denial.**

INCOME: An annual income at least 2.5 times the annual rent is required. Income below this level may be acceptable if 1) the applicant can demonstrate actual ability to pay based on paying comparable rent over the past 2 years with comparable income, expenses, and debt, or 2) a third party guarantees the rent payments for the entire lease payment and that person can demonstrate ability to pay. We accept Section 8 provided you meet all other criteria.

CREDIT HISTORY: The history must lack significant or repeated delinquencies, judgments, collections or nonpayment. Under some circumstances, a co-signer may guarantee rent payments.

RENTAL HISTORY: We rely on you to provide us with information so that we can easily contact past landlords. Inability to verify rental history is grounds for denial. Rental history is acceptable if it can be verified to be accurate, previous managers would rent to you again, financial obligations were made on time and in full, and there were no problems including, but not limited to, trash removal, property damages, guests, police calls, neighbors, noise, pets and general sanitation. Eviction judgments may result in denial.

CONVICTION RECORD: No applicant will be accepted for residence that has been placed on probation, paroled, released from incarceration or paid a fine within the past two years for qualifying offenses including, but not limited to, violence to persons, destruction of property, or drug manufacture, delivery, or sale. No applicant who is listed on a sex offender registry will be accepted.

Income Restrictions May Apply for Affordable Housing Units

Common Wealth reserves the right to hold barrier-free apartments for households that need barrier-free apartments.

* Our tax credit apartments require a social security number to process the application

**TO SUBMIT APPLICATION : FAX: 608-256-4499 OR EMAIL: RENT@CWD.ORG
OR - DROP OFF AT 1501 WILLIAMSON ST**



APARTMENT RENTAL APPLICATION – For Common Wealth

APARTMENT APPLYING FOR: *(list in order of preference)* _____

Anticipated Move-In Date: _____

- All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.
- Attach a copy of your last year’s tax return to this application.
- **IF YOUR CREDIT IS BELOW OUR REQUIREMENTS, A CO-SIGNER WILL BE REQUIRED. Please have your co-signer complete the application on page 7. If you do not provide co-signer information your application may be bumped until you provide the co-signer information.**

PERSONS OCCUPYING THE UNIT LAST First Middle	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT (Circle One)	
				Y	N
1.	Head			Y	N
2.				Y	N
3.				Y	N
4.				Y	N
5.				Y	N

CURRENT ADDRESS	PHONE #'S	E-MAIL ADDRESS
Street: City, State: Zip Code:	CELL: HOME: WORK:	

GENERAL INFORMATION	Circle Y or N	
Do you own a pet? NO dogs, rats, mice, rabbits, ferrets, snakes or reptiles allowed. \$200 PET DEPOSIT DUE UPON LEASE SIGNING	Y N	What kind? _____ Check with Management for list of approved pets.
Do you own a waterbed? WATERBEDS ARE NOT ALLOWED.	Y N	Do you carry renter’s insurance? _____
Do you smoke? (SMOKING OF ANY KIND IS A LEASE VIOLATION AND WILL LEAD TO EVICTION OR NON-RENEWAL)	Y N	COMMON WEALTH APARTMENTS AND PREMISES ARE SMOKE-FREE!
Do you have a right to enter into a lease?	Y N	
Have you ever filed bankruptcy?	Y N	Please explain and include dates:
Have you ever been evicted from an apartment for any reason?	Y N	If yes, please explain
Has there ever been a judgment or foreclosure against you? Do you have collections?	Y N	If yes, please explain
Do you wish to receive a written notice of denial of tenancy?	Y N	
How did you find out about our housing? Newspaper ad, another resident, for rent sign, Internet, housing service provider, etc.		If you found out from specific person, please list name: _____



**LANDLORD INFORMATION –
LIST LANDLORDS FOR AT LEAST LAST 3 CONSECUTIVE YEARS**

INCOMPLETE APPLICATIONS WILL BE BUMPED UNTIL COMPLETED!

From Mo/Yr	To Mo/Yr	Your Street Address, City, State, Zip	Your Landlord's Name, Mailing Address and <u>Phone Number</u>	Rent Amount Paid	Utility Amount Paid
			Phone number:		
			Phone number:		
			Phone number:		

VEHICLE INFORMATION

Model	Name/Make	Color	Year	License Plate Number and State	Driver's License Number

EMERGENCY CONTACT

Name	Relationship	Home Phone #	Cell Phone #	Email Address

(↓ CIRCLE YES or NO)

- Y N 1. Are you or anyone in the household currently or soon to become a student? **full-time** **part-time**
(A full-time student is defined as someone who has been or will be a full-time student for 5 months this year.)
 List name of student(s) _____
 List name of school(s) _____
- Y N 2. Are you separated, but not divorced from your spouse?
- Y N 3. Are any household members temporarily absent?
 Who? _____ How Long: _____
- Y N 4. Do you expect any changes to your household within the next 12 months?
 If yes, please explain: _____
- Y N 5. Do you plan to have or currently have a live-in care attendant?
 If yes, please list Agency name, contact person, and phone #: _____
- Y N 6. Are you receiving Section 8 Assistance? Agency _____ Phone # _____
Caseworker with Section 8: Name: _____ Phone # _____



ASSETS

Please list where the asset(s) is held and the current value of each asset(s) for all household members. (Attach additional page(s) if necessary)

CIRCLE ONE	TYPE OF ASSET	WHERE HELD Name/address/ Phone # of Institution	Current Balance/ Value	ACCOUNT #
Y N	Checking Acct. #1	Where: Address: Phone #:		
Y N	Checking Acct. #2	Where: Address: Phone #:		
Y N	Savings Acct. #1	Where: Address: Phone #:		
Y N	Savings Acct. #2	Where: Address: Phone #:		
Y N	Trust Account			
Y N	Certificate of Deposits			
Y N	Money Markets			
Y N	IRA/Keough/401 K			
Y N	Mutual Funds			
Y N	Stocks/Bonds			
Y N	OTHER: <i>please circle and list to the right</i> - Pension/Annuity (NOT Paid Periodically) - Real Estate (FMV- Mortgage Balance) - Land Contract (provide amortization schedule) - Personal Property/Investment - Lump Sum Payment in the past 2 years. - Assets disposed of in the past 2 years.			
Y N	Cash kept at home - \$500 or MORE on hand, not in checking/savings account.			
Y N	Safe Deposit Box (list contents)			
Y N	Whole Life Insurance Policy			



INCOME

Please indicate each source of **ESTIMATED ANNUAL** income that you receive or anticipate receiving in the next (12) months.

CIRCLE ONE	DESCRIPTION	NAME OF HOUSEHOLD MEMBER	INCOME SOURCE	AMOUNT PER MONTH or YEAR Please specify
Y N	Employment #1		Where: Contact Name: Phone #:	
Y N	Employment #2		Where: Contact Name: Phone #:	
Y N	Self - Employment (attach 2 years of taxes)			
Y N	Social Security			
Y N	Federal Social Security/Disability APPLICATION CANNOT BE PROCESSED WITHOUT A COPY OF SOCIAL SECURITY AWARD LETTER!			
Y N	State Social Security/ Disability			
Y N	Zero Income			
Y N	Child Support/Alimony (Court Ordered)			
Y N	Unemployment Compensation			
Y N	Anticipated Income			
Y N	Other Income			
Y N	Recurring Gift			
Y N	Student Grants			
Y N	Workers Compensation			
Y N	Previous Employment			
Y N	Pension/Annuity (Periodic Payments)			
Y N	Other: <i>please circle and list to the right</i> - Military Compensation - Rental Income/Land Contract Pymts - Lottery Payments (periodic)			

If you receive Social Security Income, you must attach your last SS award letter.



I verify that the information in the attached application is correct and true to the best of my knowledge. I hereby authorize release of any and all information to Common Wealth regarding my income, assets, credit history, previous rental history and recognize that CWD will check for any conviction record through public records.

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for housing through Common Wealth. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit, HOME or other Common Wealth programs. This also includes property tax exemption requirements. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management disclose to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made. **IF YOUR CREDIT IS BELOW OUR REQUIREMENTS, A CO-SIGNER WILL BE REQUIRED. Please have your co-signer complete the application on page 7. If you do not provide co-signer information your application will be bumped until you provide the co-signer information.**

EACH APPLICANT 18 YEARS OF AGE OR OLDER MUST SIGN AND DATE BELOW.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____



IF YOU HAVE MORE THAN \$500 IN NON-MEDICAL AND/OR STUDENT LOAN COLLECTIONS, A CO-SIGNER WILL BE REQUIRED.

Have your **co-signer** complete the information below before you turn in your application.

Co-Signer Application

Thank you for agreeing to co-sign on a lease with Common Wealth, a non-profit community development corporation committed to providing quality apartments at affordable prices.

By co-signing a lease, you agree to be jointly and severally liable with the tenant for tenant's obligations arising out of the lease or rental agreement, including but not limited to unpaid rent, items listed in the non-standard rental provisions, property damage and cleaning and repair costs that exceed Tenant's security deposit.

Please complete the attached application and return it to our office at 1501 Williamson Street or by email at jill@cwd.org. If you have questions, please contact me at 608-256-3527 ext. 11. If you are approved, we will contact you to sign the co-signer agreement as part of the lease.

NAME OF PROSPECTIVE TENANT: _____

CO-SIGNER INFORMATION (Co-Signer must be complete):

LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH

CURRENT ADDRESS	PHONE #'S	EMAIL ADDRESS
Street: City, State: Zip Code:	CELL: HOME: WORK:	

PLACE OF EMPLOYMENT	ADDRESS OF EMPLOYER	AMOUNT OF INCOME PER MONTH or YEAR (Please specify)

I verify that the information in the attached application is correct and true to the best of my knowledge. I authorize the checking of my credit now and in the future.

CO-SIGNER Signature _____ Date _____

