Application for Residency

Swan Apartments Homes

https://www.swanapartmenthomes.com/

Property

I hereby apply for rental from (Start Date) _____ to (End Date) _____ at the location below:

- ☐ **Barron,** 560 Valley Dr (715) 954-8332
- ☐ **Lake Mills,** 203 S Oak St (920) 315-7511
- ☐ **Platteville,** 800 Fairfield Dr (608) 404-7009
- ☐ **Coleman,** 115 Maple Ln (920) 315-6777
- ☐ **Menomonie,** 1803 1st Ave E (715) 489-5277

Applicant

Each adult applicant must complete a separate application. Complete the following information for each household member who will occupy the unit at the time of move-in and throughout the term of the lease.

Applicant's Full Name _____ Date of Birth _____

Driver's License # _____ SSN _____

Phone _____ Email _____

YES	NO	
___	___	1. Will you or do you expect to have any additional household members? If so, please provide name(s), date of birth, and relationship in the explanation section below.
___	___	2. Have you, or any other person in the household, 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?
___	___	3. Do you have or do you anticipate having any pets?
___	___	4. Do you owe past-due balances to your current landlord or a previous landlord?
___	___	5. Have you ever refused to pay rent?
___	___	6. Have you ever been evicted or asked to leave in the past 5 years?
___	___	7. Have you ever filed for bankruptcy?
___	___	8. Do you, or any other person in the household, smoke? No smoking is allowed on the premises without prior written consent.

Explanation for any YES answers above:

_____

_____

_____

Return this application to Swan Apartment Homes:

- ☐ Email to chat@swanapartmenthomes.com
- ☐ Fax to (608) 237-2444
- ☐ Mail to 1200 4th St #1171, Key West, FL 33040

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Residential History

Current Address _____ Start/End Dates _____

Current Landlord _____ Landlord Contact # _____

Reason for Leaving? _____ Rent Amount $_____

Previous Address _____ Start/End Dates _____

Previous Landlord _____ Landlord Contact # _____

Reason for Leaving? _____ Rent Amount $_____

Employment Income

Employer/Source _____ Start Date _____

Address _____

Supervisor _____ Phone _____

Position Held _____ Monthly Income $_____

Additionnal Income

Source _____ Monthly Income $_____

Applicant Bank/Credit References

Financial Institution Name _____ Type of Account _____

Financial Institution Name _____ Type of Account _____

Financial Institution Name _____ Type of Account _____

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Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Vehicle

Make/Model/Year: _____ Plate #: _____

Additional Information

_____

_____

_____

_____

_____

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, conviction record, and the statements made in this application, and 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 with the Landlord may be reported to such reporting agency.

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 upon true and verifiable information and on meeting management's resident selection criteria.

_____ _____

Signature of Applicant Date

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- ☐ Fax to (608) 237-2444
- ☐ Mail to 6 Bellingrath Court, McFarland, WI 53558