

*To be completed by management:*

PROPERTY: \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ Landlord/Agent: Resident Services, Inc.

Lease Term: \_\_\_\_\_ to \_\_\_\_\_ Move in date: \_\_\_\_\_ Address: 7602 Mid Town Road  
Madison, WI 53719

Phone: (608)-848-1178 Fax: (608)-848-8385

Monthly Rent: \$ \_\_\_\_\_ + Parking \$ N/A + Pet Fee: \$ \_\_\_\_\_ = \$ \_\_\_\_\_ UG + Fee: \$ \_\_\_\_\_ Rental Agent: \_\_\_\_\_

Earnest Money Deposit: \$ \_\_\_\_\_ Utilities Paid by Tenant: Heat YES Elect. YES Water/Sewer YES Softener Rental YES

**NAME(S) OF ALL PERSONS TO OCCUPY APARTMENT: (Full legal names, including middle initials – no nicknames.)**

First Name	Middle Initial	Last Name	Date of Birth*	Social Security #	Driver's License #
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

How did you first learn of us? \_\_\_\_\_

**HOUSING REFERENCES:** Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_ Rent \_\_\_\_\_ Zip \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone \_\_\_\_\_ Length of stay \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Rent \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone \_\_\_\_\_ Length of stay \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**INCOME REFERENCES:** Employer (if applicable): \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_ Office Phone \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

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Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Other sources of Income (please explain) \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Do you have a Section 8 voucher? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Monthly Gross Income \_\_\_\_\_ + \_\_\_\_\_ Total: \_\_\_\_\_

**CREDIT REFERENCES:** Resident Services, Inc. will request a credit report through a credit reporting agency.

**DO YOU HAVE PETS?:** Cat/s \_\_\_\_\_ If so, how many? \_\_\_\_\_ Dog \_\_\_\_\_ Breed \_\_\_\_\_ Lbs. \_\_\_\_\_

Written Authorization Required for Pets

I HAVE READ AND WILL ABIDE BY THE PET POLICY; SEE ATTACHED. Initial Here: \_\_\_\_\_

**VEHICLE/S:** How many? \_\_\_\_\_ CERTAIN VEHICLES ARE RESTRICTED; SEE RULES AND REGULATIONS.

**IN CASE OF EMERGENCY CONTACT:** (Must be someone other than a co-occupant of the apartment for which you are applying.)

Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**Have you been convicted of an offense which must be reported under the Sex Offender Reporting Requirement in Wis. Stat. s. 973.048:** Yes \_\_\_\_\_ No \_\_\_\_\_

Receipt of earnest money in the sum of \$ \_\_\_\_\_ is hereby acknowledged. The undersigned agree (s) that the landlord shall have up to twenty-one (21) calendar days from the acceptance of the earnest money deposit to approve or deny the rental application. This deposit is to be returned if this application is not approved. If approved this sum will be applied to the security deposit and/or first month's rent. At the time of entering into a rental agreement the applicant agrees to pay the balance of the security deposit, if any. If the applicant refuses to enter into a rental agreement after this application has been approved, actual costs and damages incurred will be deducted from the deposit. Deposits may be withheld as compensation for lost rent if the landlord makes reasonable efforts to mitigate the rental loss in accordance with 704.29 Wis. Statutes. The applicant consents to a routine inquiry of references and credit agencies and criminal background. This inquiry will provide information concerning the applicant's character, credit-worthiness, and reliability. At applicant's request, landlord will advise if a credit report is requested and the name and address of the credit reporting agency. Applicant acknowledges receipt of a copy of this application with reverse side disclosures as part thereof which may be applicable. THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE LANDLORD OR AGENT. FALSE, INACCURATE, OR INCOMPLETE INFORMATION MAY RESULT IN THE REJECTION OF THIS APPLICATION. IF A MATERIAL MISREPRESENTATION IN THE APPLICATION IS DISCOVERED AFTER A LEASE IS EXECUTED, LANDLORD MAY TERMINATE THE TENANCY. \*DATE OF BIRTH IS NECESSARY FOR BACKGROUND CHECKS AND WILL NOT BE USED IN ANY DISCRIMINATORY MANNER.

By signing below, I hereby authorize my references (including current or past housing; current, past, or future employment; banking, credit agencies and personal references) to provide Resident Services, Inc. and the properties they manage with any information needed pertaining to the approval of my application for tenancy.

APPLICANT(S) SIGNATURE(S): \_\_\_\_\_ Please print email addresses: \_\_\_\_\_ May we contact you by email? \_\_\_YES \_\_\_NO

\_\_\_\_\_ Date: \_\_\_\_\_ email: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ email: \_\_\_\_\_

Do you wish to receive a written explanation of a denial of tenancy? \_\_\_Yes \_\_\_No \_\_\_ May we contact you by email? \_\_\_Yes \_\_\_No \_\_\_

**NOTICE:** You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections at <http://offender.doc.state.wi.us/public/> or at 1-877-234-0085 or 1-608-240-5830.

APPLICATION VERIFIED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

**LANDLORD DISCLOSURES AND REQUIREMENTS**

Items one through ten are required of a landlord/agent by the State of Wisconsin and all items are required by the City of Madison prior to entering into a rental agreement with a tenant and/or prior to accepting earnest money or a security deposit. Other governmental jurisdictions may have additional laws and regulations that apply.

**TENANT/APPLICANT ACKNOWLEDGES HAVING BEEN ADVISED:**

1. A receipt for money collected has been given Tenant (see page 1).
2. That copies of the proposed lease and rules and regulations of the Landlord have been made available to Tenant for inspection.
3. Of the name and address of the person authorized to receive rent, manage and maintain the premises who can readily be contacted and an owner or agent with an address within the state authorized to receive and receipt for notices and demands and at which service of process can be made in person (see page 1).
4. Tenant has seven days after the beginning of tenancy to inspect the dwelling unit and notify Landlord of any damages or defects existing prior to the beginning of tenancy.
5. Of utility charges not included in the rent (see page 1).
6. Of the following uncorrected building and housing code violations, for which the Landlord has received notice from code enforcement authorities and which affect the entire premises (in the City of Madison) or, only the dwelling unit and common areas (State of Wisconsin):  
None.
7. That the premises contain the following conditions adversely affecting habitability: None.
8. That the Landlord has actual knowledge of the following uncorrected building code or housing code violations that present a significant threat to the prospective tenant's health or safety: None.
9. Within seven (7) days after the start of the tenancy, Tenant may request, in writing, that Landlord provide Tenant with a list of physical damages or defects, if any, charged to the previous tenant's security deposit.
10. Landlord promises to repair, clean, or improve the premises as follows by the completion dates noted: \_\_\_\_\_.
11. Security deposits may be withheld only for Tenant damage, waste or neglect of the premises or the nonpayment of rent, utility services or mobile home parking fees for which the Landlord becomes liable and other reasons specifically and separately negotiated and agreed to by the Tenant in writing other than in form provision.

**THE FOLLOWING APPLY TO THE CITY OF MADISON ONLY**

12. That a copy of notice of eligibility for rent abatement, if any which affects the rental unit or common areas has been provided to the tenant.
13. That the definition of "family" pursuant to s. 28.211, Madison General Ordinances is as follows: "A family is one of the following:
  - (1) an individual: or
  - (2) Two (2) or more people related by blood, marriage, domestic partnership, or legal adoption, living together as a single household in a dwelling unit, including foster children; and up to four (4) roomers and their dependents; or
  - (3) Up to five (5) adults and dependents of each, living together as a single household in a dwelling unit; or
  - (4) Up to six (6) unrelated people who have disabilities under the Fair Housing Amendment Act ( FHAA) or the Americans with Disabilities Act (ADA), who are living together as a single household because of their disability and requiring assistance from a caregiver.
    - (b) Up to two (2) personal attendants who provide assistance or support to people with disabilities under the FHAA or ADA shall be considered part of a family. Such Services may include support and assistance with activities, daily living or independence, including but not limited to, personal care, housekeeping, meal preparation, laundry and companionship.

(Am. By ORD-23-00008, 1-12-23, Am. By ORD-23-00022, 3-10-23)

14. That the off-street parking requirements of the dwelling unit pursuant to 28.11 Madison Ordinances is at least one (1) except in the "central area" as per section 28.07(1)(g) of the Madison Ordinances.

# Resident Services, Inc. Pet Policy

Revised 12/12/2023

## General Pet Policies:

- **Dogs are not permitted at Highland Terrace**
- 1 dog, adult weight not to exceed 35 lbs.
- Or 2 cats.
- Or 1 dog not exceeding 35 lbs. and 1 cat.
- Or 2 dogs with a combined weight not to exceed 35 lbs.
- Dogs must be at least 1 year old (veterinarian verification required).
- All pets must be neutered\* / spayed (veterinarian verification required).
- Permission to keep a pet is granted at management's sole discretion.
- Management may restrict pets to specific apartments.
- Management reserves the right to modify its pet policy and pet lease terms upon renewal.
- Management may restrict certain breeds.
- Requests to keep pets of any other species will be approved at management's sole discretion.
- Before acquiring a pet, resident must first obtain management approval and sign a pet lease.
- Resident agrees to pay a monthly non-refundable pet fee. Contact the leasing office for details.
- Only the pets described and named in the pet lease are permitted. No additional or different pet is authorized.
- Unauthorized pets may not be kept in the apartments, even temporarily. Visiting pets are subject to the same restrictions as resident pets.
- All pets are to be licensed and vaccinated in accordance with local ordinances.
- Resident warrants the pet to be housebroken with no history or tendency of causing physical harm to persons or property. Residents are responsible for ensuring that their pets do not disturb or annoy other residents, guests, or neighbors.
- The pet fee does not apply to the cost of repairs or restoration.

\*Dogs of 1 year to 18 months old, but not yet recommended by a veterinarian to be neutered, will be permitted if all other criteria are met. Neutering must be performed at or prior to 18 months of age. Veterinarian verification of need to wait for the procedure, and subsequent proof of neutering will be required.

**Notwithstanding any other provision, people with disabilities may keep service/companion animals in accordance with the Americans with Disabilities Act. Nothing herein shall hinder full access to the apartments and common areas by persons with disabilities.**