

Applicant

You will need to attach the following to your application in order for your application process to begin:

- \$25 application fee cash, check or money order only
- Last 3 pay stubs
- Driver's license (you can make a copy, or if you come in with application, I will make one)
- Filled out pet agreement if you have a cat

Instructions for completing this rental application

Please take and complete this application. You can return it to the office **with a \$25 application fee** via any of the following ways:

Option 1: Drop off at office when we are here or leave in the mail slot on the front door. Don't forget your application fee and copy of photo ID and pay stubs or supporting income documents.

Option 2: Fax to 480-393-4461. Send application fee. Your app will be held until fee is received.

Option 3: Mail to

DALM Properties
PO Box 112
Berlin, WI 54923

Option 4: EMAIL to office@dalmproperties.com

SCREENING CRITERIA

- Must have verifiable monthly income of at least 3 times the monthly rent. Anything less may require co-signer or larger security deposit.
- Must Provide copy of photo ID (Social security card, Drivers License)
- Must have no prior evictions or landlord filed papers in court within last 5 years.
- Name must not appear in Sex Offenders Registry.
- Criminal history may not contain drug offenses within 5 years except for one conviction for possession of a controlled substance.
- Criminal history may not contain felony convictions within 5 years for violent crimes
- Those with criminal history will be considered on a case by case basis
- You must have a bank checking or savings account capable of us us initiating an electronic draft for your monthly rent
- You **MUST** be able to have your rent paid in **FULL** by the due date.

(WRITE CLEARLY SO IT CAN BE EASILY READ)

APPLICANT INFORMATION

| | | | |
|---|--|----------------------|------------|
| First Name: | | Middle Initial: | Last Name: |
| Maiden Name (If previously known by other last name): | | | |
| Email Address: | | | |
| Social Security No.: | | Driver's License No: | |
| Home Phone No.: | | Date of Birth: | |
| Cell Phone No: | | | |

CURRENT ADDRESS

| | |
|------------------------------|--|
| Address: | |
| Dates lived at this address: | Are you current in your rent <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Monthly Rent payment: | Reason for moving |
| Landlord's Name: | Landlord Phone No.: |

PREVIOUS ADDRESS HISTORY #1

| | |
|------------------------------|--|
| Present Address | |
| Dates lived at this address: | <u>Did you get back your security deposit</u> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Monthly Rent payment: | Reason for moving |
| Landlord's Name: | Landlord Phone No.: |

PREVIOUS ADDRESS HISTORY #2

| | |
|------------------------------|--|
| Present Address | |
| Dates lived at this address: | <u>Did you get back your security deposit</u> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Monthly Rent payment: | Reason for moving |
| Landlord's Name: | Landlord Phone No.: |

NOTICE: Answering yes to these questions will not necessarily dis-qualify you. If you LIE or answer falsely, this application will be rejected.

MISCELLANEOUS

| | |
|---|---|
| Water bed: <input type="checkbox"/> Yes <input type="checkbox"/> No | Smoke: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

| |
|--|
| Do you own real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain where: |

EVICCTIONS

| |
|--|
| Has a landlord ever filed court papers against you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you being asked to leave where you currently live? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes to either of the above, please state when and why: |

| |
|--|
| Have you ever willfully and intentionally refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain: |
| Do you have pets <input type="checkbox"/> Yes <input type="checkbox"/> No Do You plan on getting a pet ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what kind and how many: |
| How many people will be living with you? |

| |
|--|
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what kind and date: |

CURRENT EMPLOYER #1 (You must supply last 3 pay stubs with application)

| | |
|--|--|
| Employer Name: | Main Business Phone: |
| | Main Business Fax: |
| Position: | How long have you worked here? |
| Hourly Rate: | Are you paid via Direct Deposit? |
| Paycheck Frequency: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Time or Part Time (Circle One) | Hours Per week: |
| Is your paycheck being garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

CURRENT EMPLOYER #2 (You must supply last 3 pay stubs with application)

| | |
|--|--|
| Employer Name: | Main Business Phone: |
| | Main Business Fax: |
| Position: | How long have you worked here? |
| Hourly Rate: | Are you paid via Direct Deposit? |
| Paycheck Frequency: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Time or Part Time (Circle One) | Hours Per week: |
| Is your paycheck being garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

OTHER INCOME SOURCES: (You must supply supporting documentation)

| | |
|---|--|
| Do you receive Social Security Income? Amount: _____ When/Date: _____ | |
| Do you receive Social Security Disability? Amount: _____ When/Date: _____ | |
| Do you receive Child Support? Amount: _____ When/Dates _____ | |
| Do you receive Food Stamps/Share? Amount: _____ | |
| Other Income: Source: _____ Amount: _____ | |
| TOTAL OTHER INCOME (add all this section lines): _____ | |

BANK REFERENCES #1:**BANK REFERENCES #2:**

| | |
|--|--|
| Name: | Name: |
| Location: | Location: |
| Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

MONTHLY BUDGET/EXPENSES

| Name: | Monthly Amount | Balance Owed if any |
|---------------------|-----------------------|----------------------------|
| Credit Card | | |
| Credit Card #2 | | |
| Car Payment | | |
| Telephone | | |
| Child Support | | |
| Cable/Satellite TV | | |
| Insurance | | |
| Alimony | | |
| Food | | |
| Other: _____ | | |
| Other: _____ | | |

NEAREST RELATIVE NOT LIVING WITH YOU:

| | |
|--------------|------------|
| Name | |
| Address | |
| Relationship | Phone No.: |

PERSONAL REFERENCES #1

PERSONAL REFERENCES #2

| | |
|-----------------|-----------------|
| Name: | Name: |
| Address & City: | Address & City: |
| Phone No.: | Phone No.: |
| Relationship: | Relationship: |

Complete this Credit Card authorization ONLY if you are paying the application fee electronically

| | |
|--|-----------------|
| I agree to pay the application fee via my credit card info below: | |
| Credit Card #: _____ | Exp Date: _____ |
| Type: Visa Master card Security Code on back (CCV): _____ | |
| Signature: _____ | |

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.

I represent that the information provided in this Application is true and correct to the best of my knowledge. I understand that if I purposely supply false info my application will be rejected.

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 have authorized DALM Properties to contact you regarding my application for rental housing. Please release information to them regarding my payment history, character, maintenance of previous rental housing, mode of living, account standing, and any information relevant to the decision of renting an apartment to me and my co-applicant. I consent to the release of information.

Applicant

| | | |
|----------------------|-----------------|----------------|
| First Name: | Middle Initial: | Last Name: |
| Social Security No.: | | Date of Birth: |

Applicant's Signature

Date