

Manske Property Management, Inc.

Our office is in Whytecliffe Apartments 10050 W. Beloit Road Greenfield WI 53228 (414) 546-8090 Office (414) 543-5433 Fax

RENTAL APPLICATION

Visit us on the web: www.manskepropertymanagement.com

Email us: apts@manskepm.com



Management does not discriminate on the basis of any protected class under federal, state or local laws, rules, or ordinance.

Thank you for applying for residency with Manske Property Management. **Each adult 18 years of age or older must complete an application.** All requested information must be completed before this application will be processed. In order to insure prompt processing of your application, please print clearly and provide complete information including names, addresses and telephone numbers where requested. Management requires that the combined net household income meets or exceeds three times the rental payment amount. For example, if the rental payment is \$600.00 per month, the net household income must be \$1,800.00 per month or higher to qualify.

To be completed by Authorized Personnel Only								
Shown by:	Date of Showi	ing:	ID Verified l	oy:				
Property Address (s):		Unit # (s):	Available Da	te:				
Advertising Source:		Rec	uired Move Date:	· · ·				
	Security Depos							
	Descr							
	s offered:	•						
improvements of Special	s officied.							
APPLICANT INFORMATION	ON:							
Date of Application:		Total # of Occupants:	Total #	of Vehicles:				
Name of Applicant:								
	(First)	(Middle)		(Last)				
Have you ever been knowr	n by another name? YES NO	If yes, list names:						
Oriver's License. #:		Issuing State:_		_(Proof of identificat	ion is required)			
Date of Birth:	Social Security #:		Email:					
Home Phone:	Work Phone:							
	(Please check your p	referred method of contact abo	ove)					
RESIDENCE HISTORY:								
Present Address:								
andland Names	(street)		(city)	(state)	(zip)			
				1-				
, ,	Yes No Why are you mo	<u> </u>						
	(street)	(apt #)	(city)	(state)	(zip)			
andlord Address:								
Current Rental Payment: \$	Yes No Why did you mo	_Dates of Occupancy:		to				
Were you evicted?	Yes No Why did you mo	ve?						
EMPLOYMENT HISTORY	<u>:</u>							
Present Employer:		Name	e of Supervisor:					
Employer Address:			•					
Telephone #:		Length of Service:		_to				
		Net Income (m						
			· ·					
			onthly): Ś					

MISCELLANEOUS	<u>5:</u>							
Have you ever conv	Have you ever convicted of a felony or been arrested for a crime other than a traffic offense?							
Have you ever filed bankruptcy?								
•	n served an eviction notice of							
•	fully or intentionally refused			☐YES ☐NO				
Do you know of anything which may interrupt your income or ability to pay rent? Have you ever broken or failed to honor a lease agreement? YES NO								
	If you answered yes to any of the questions above please explain:							
	usehold members smoke?	1		∐YES ∐NO				
PET INFORMATION	ısehold members have pets? u•	í		LYES LNO				
		aged animals Pet Agr	eement Must Re Signed Tot	al # of Household Pets:				
ANIMAL TYPE		EIGHT AGE		DESCRIPTION/COLOR				
Fach property may hav	e its own restrictions in type hree	d weight and number of ne	ts. None of our properties allow m	nore than two pets total per household.				
·				nanagement.com. If in doubt, please ask for				
clarification or contact of	our office before applying.							
•	ds, mixed or pure are not allowed		Hardina Assessitation D					
	Ooberman Rottweiler Chow Malamute	German Shepard Staffordshire Terrier	Husky American B Bull Terrier	uny				
VEHICLE INFORMA				•				
MAKE	MODEL	YEAR	COLOR	PLATE NUMBER				
All vehicles must be reg	ristered. licensed and in operable co	 ondition! We do not allow tra	nilers, campers, RV's, iet-ski's, mons	ster trucks or other oversized trucks!				
_	LD MEMBERS: Please list all ind		•					
Name:	Da	ite of Birth:	Social Se	c. #:				
Name:	Da	ite of Birth:	Social Se	c. #:				
Name:			Social Sec. #:					
Name:	Da	Date of Birth:						
Failure to obtain writter	n permission prior to adding/chang	ing occupants or pets is a vio	lation of the lease contract and a F	IVE-DAY NOTICE TO VACATE may be served				
to the tenant (s).	FACT (=1.							
·	TACT (This person must be local ar			a a Niversia a m				
<u></u>				ne Number:				
Address:	(Apt#)	(City/state/z	Relations	.nip:				
-								
Applicant agrees to p	any a non-rafundahla Cradit Cha	Terms and Conditions		ecks are not accepted as payment of				
				ant pays the \$20.00 Credit Check Fee,				
	• •		• • • • • • • • • • • • • • • • • • • •	whether the applicant's application is				
accepted or denied.	.,	·	,					
Applicant understand	de that a cocurity denocit is room	ired and must be naid in	full hefore occupancy will be gi	ven. If the full security deposit is not				
• •		•		·				
paid upon the execution of the lease, the applicant will not be provided with occupancy of the rental unit and the acceptance of the applicant's application will be rescinded. Tenant further acknowledges and agrees that the security deposit cannot be used to pay the first or last month's rent.								
Applicant agrees tha	t there are no verbal agreeme	nts. All agreements must	be in writing and must be signe	ed by both management and applicant.				
				te and does not contain any false or				
_		=	ition provided on this application	on is found to be false or misleading				
uuring trie applicatio	n review process, this application	אט וואווא ווע מפווופט.						
By signing this applic	ation, applicant hereby authori	zes management to cond	uct a credit check, rental history	y verification, employment verification				
	und check with organizations th							
Applicants Signature	<mark>.`</mark>		Signatura	Data				

TENANT DISCLOSURE AND RELEASE

the name	es and dat	tes of previous edings, eviction	t and current is employers, pu	Ithorize Manske Property nformation concerning ublic records, credit data, Idgments, criminal ation.
CONTAC	TED BY M		RTY MANAGE	ARTY OR AGENCY MENT TO FURNISH THE
federal, s approved serve as a at any tir	state and d as a tena an ongoir	other agencies ant, this authong ag authorization my contract p	s that provide s rization shall r n for you to pr	umer report(s) from such services. If emain on file and shall ocure consumer reports
Address		Unit #		
City	State	Zip		
Printed N	 lame		DOB	 Date
Signature			DOB	Date

4801 Forest Run Road Madison, Wisconsin 53704

BROKER DISCLOSURE TO CUSTOMERS

Page 1 of 2

Prior to negotiating on your behalf the Broker must provide you the following disclosure statement:

2 BROKER DISCLOSURE TO CUSTOMERS

- 3 You are a customer of the broker. The broker is either an agent of another party in the transaction or a subagent of another broker
- 4 who is the agent of another party in the transaction. The broker, or a salesperson acting on behalf of the broker, may provide
- 5 brokerage services to you. Whenever the broker is providing brokerage services to you, the broker owes you, the customer, the 6 following duties:
- 7 ■ The duty to provide brokerage services to you fairly and honestly.
- 8 The duty to exercise reasonable skill and care in providing brokerage services to you.
- 9 The duty to provide you with accurate information about market conditions within a reasonable time if you request it, unless 10 disclosure of the information is prohibited by law.
- 11 The duty to disclose to you in writing certain material adverse facts about a property, unless disclosure of the information is 12 prohibited by law (See Lines 55-63).
- 13 The duty to protect your confidentiality. Unless the law requires it, the broker will not disclose your confidential information or the 14 confidential information of other parties (See Lines 22-39).
- 15 The duty to safeguard trust funds and other property the broker holds.
- 16 The duty, when negotiating, to present contract proposals in an objective and unbiased manner and disclose the advantages and 17 disadvantages of the proposals.
- 18 Please review this information carefully. A broker or salesperson can answer your questions about brokerage services, but if you
- 19 need legal advice, tax advice, or a professional home inspection, contact an attorney, tax advisor, or home inspector.
- 20 This disclosure is required by section 452.135 of the Wisconsin statutes and is for information only. It is a plain-language summary of a broker's duties to a customer under section 452.133 (1) of the Wisconsin statutes. 21

22 CONFIDENTIALITY NOTICE TO CUSTOMERS

- 23 BROKER WILL KEEP CONFIDENTIAL ANY INFORMATION GIVEN TO BROKER IN CONFIDENCE, OR ANY INFORMATION
- 24 OBTAINED BY BROKER THAT HE OR SHE KNOWS A REASONABLE PERSON WOULD WANT TO BE KEPT CONFIDENTIAL,
- 25 UNLESS THE INFORMATION MUST BE DISCLOSED BY LAW OR YOU AUTHORIZE THE BROKER TO DISCLOSE PARTICULAR
- 26 INFORMATION. A BROKER SHALL CONTINUE TO KEEP THE INFORMATION CONFIDENTIAL AFTER BROKER IS NO LONGER 27 PROVIDING BROKERAGE SERVICES TO YOU.
- 28 THE FOLLOWING INFORMATION IS REQUIRED TO BE DISCLOSED BY LAW:
- 29 1. MATERIAL ADVERSE FACTS, AS DEFINED IN SECTION 452.01 (5g) OF THE WISCONSIN STATUTES (SEE LINES 55-63).
- 30 2. ANY FACTS KNOWN BY THE BROKER THAT CONTRADICT ANY INFORMATION INCLUDED IN A WRITTEN INSPECTION 31 REPORT ON THE PROPERTY OR REAL ESTATE THAT IS THE SUBJECT OF THE TRANSACTION.
- 32 TO ENSURE THAT THE BROKER IS AWARE OF WHAT SPECIFIC INFORMATION YOU CONSIDER CONFIDENTIAL, YOU MAY LIST
- 33 THAT INFORMATION BELOW (SEE LINES 35-36). AT A LATER TIME, YOU MAY ALSO PROVIDE THE BROKER WITH OTHER 34 INFORMATION YOU CONSIDER TO BE CONFIDENTIAL.
- 35 **CONFIDENTIAL INFORMATION:**

37 **NON-CONFIDENTIAL INFORMATION** (The following information may be disclosed by Broker): 38

39 (INSERT INFORMATION YOU AUTHORIZE THE BROKER TO DISCLOSE SUCH AS FINANCIAL QUALIFICATION INFORMATION.) 40 CONSENT TO TELEPHONE SOLICITATION

41 I/We agree that the Broker and any affiliated settlement service providers (for example, a mortgage company or title company) may 42 call our/my home or cell phone numbers regarding issues, goods and services related to the real estate transaction until I/we 43 withdraw this consent in writing.

44 List Home/Cell Numbers:

45 **SEX OFFENDER REGISTRY**

- 46 Notice: You may obtain information about the sex offender registry and persons registered with the registry by contacting the
- 47 Wisconsin Department of Corrections on the Internet at: http://offender.doc.state.wi.us/public/ or by phone at 608-240-5830.
- 48 BY SIGNING AND DATING BELOW I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS DISCLOSURE AND
- 49 THAT Robin Barraza Manske Property Management, Inc. are working and Sales Associate Firm Name
- as: (Owner's/Listing Broker's Agent) (Buyer's/Tenant's Agent or Buyer's Broker's Agent) STRIKE ONE .
- 52 SIGNING THIS FORM TO ACKNOWLEDGE RECEIPT DOES NOT CREATE ANY LEGAL OBLIGATIONS TO BROKER.

Signature **A** Date A Signature A 54

53

36

Date A

55 **DEFINITION OF MATERIAL ADVERSE FACTS**

A "material adverse fact" is defined in Wis. Stat. § 452.01(5g) as an adverse fact that a party indicates is of such significance, or that is generally recognized by a competent licensee as being of such significance to a reasonable party, that it affects or would affect the party's decision to enter into a contract or agreement concerning a transaction or affects or would affect the party's decision about the terms of such a contract or agreement. An "adverse fact" is defined in Wis. Stat. § 452.01(1e) as a condition or occurrence that a competent licensee generally recognizes will significantly and adversely affect the value of the property, significantly reduce the structural integrity of improvements to real estate, or present a significant health risk to occupants of the property; or information that indicates that a party to a transaction is not able to or does not intend to meet his or her obligations under a contract or agreement made concerning the transaction.