

3806 Oakwood Hills Pkwy
Suite 1
Eau Claire, WI 54701-7779



(715) 831-3256
Fax: (715) 831-3258
www.ahmc-assetmgmt.com

APPLICATION FOR RESIDENCY

This application is to be returned to the **PROPERTY MANAGER**.

NOTE: **Your credit history and landlord references will be verified.**
 No application will be approved without complete verifications.

Please be sure to completely and neatly fill in ALL blanks.

Answer all "Yes or No" questions.

Be sure to include the name, date of birth and social security number of all the people who will be living with you. All co-applicants over the age of 18 must complete their own application, unless husband and wife.

Attached to your application you will find a Policy Statement for acceptance to this apartment complex.

WE SUBSCRIBE TO ALL FEDERAL, STATE AND LOCAL FAIR-HOUSING LAWS.

**RESIDENTS, OTHERS IN THEIR HOUSEHOLDS, AND PEOPLE UNDER THEIR CONTROL
MUST NOT TAKE PART IN ILLEGAL DRUG ACTIVITY ON OR NEAR THEIR RENTAL AREA . . .
OR THEY WILL FACE EVICTION.**



POLICY STATEMENT

All applicants will be accepted or rejected for residency. No person(s) will be denied occupancy based on membership in any protected class, according to local, state and federal fair housing laws.

AHMC Asset Management maintains the following policies.

1. Applicants whose rent would exceed 40% of their monthly income may be required to obtain a co-signer. A co-signer, if required, must guarantee rental payments by signature, in person or in the presence of a notary, on the lease. Co-signer shall qualify by virtue of credit reference and record of timely payment of debts. In exceptional circumstances, such as no other debts, payments, credit record of prompt payment of all debts, $\frac{1}{3}$ of monthly income for rent may be considered.
2. An applicant's credit report shall reflect a habit of prompt payment of debts and no unsatisfied judgments. A co-signer guarantor may be requested in the absence of required credit report.
3. A positive past housing reference will be required. If applicant has no prior rental history, a co-signer may be required. Past housing reference shall include:
 - A) Record of timely payment of rent;
 - B) Record of abiding by management rules;
 - C) Record of not disturbing other residents; and
 - D) Record of respect of property.
4. All information on the application form must be completed; any falsification of information on the application shall be grounds for rejection.
5. No more than two (2) persons per bedroom shall occupy a unit. This policy shall be applied to ALL qualified applicants, regardless of their membership in any protected class.
6. Delinquent tenants will not be tolerated. Failure to pay rent and/or excessive damage to units or common areas is grounds for eviction. Eviction policies for failure to pay rent will be strictly enforced.
7. Manufacture, distribution or use of a controlled substance on premise may be grounds for immediate eviction.
8. No pets are allowed, with the exception to service animals as required by the Americans with Disabilities Act or in a select designated pet unit with a signed pet policy



RESIDENTIAL RENTAL APPLICATION

- Please Fill Out This Application Completely and Neatly.
- EVERY Question Must Be Answered.

Property Site Location/City: _____ Apartment #: _____ Move In Date: ___/___/___

This application is NOT a Rental Agreement, Contract or Lease. All applications are subject to management approval. No applicant will be judged on the basis of race, color, religion, sex, handicap, familial status, national origin, sexual orientation, marital status, legal source of income, age, or ancestry.

FULL NAMES OF PERSONS TO OCCUPY APARTMENT	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1. _____	____/____/____	____-____-____
2. _____	____/____/____	____-____-____
3. _____	____/____/____	____-____-____
4. _____	____/____/____	____-____-____
5. _____	____/____/____	____-____-____

Do you have a pet? () Yes () No If yes, how many? _____ Cat/Dog/Bird/Other _____
Have you ever been evicted? () Yes () No.
Have you ever willfully refused to pay rent when due? () Yes () No.

Address Information

Phone Number: (____)____-____ Work Number: (____)____-____ Cell: (____)____-____

Present Address: _____ City: _____ State: ____ Zip: _____

Present Landlord: _____ Phone: (____)____-____ How long? _____ Rate: \$____/month

Previous Address: _____ City: _____ State: ____ Zip: _____

Previous Landlord: _____ Phone: (____)____-____ How long? _____ Rate: \$____/month

Income and Employment Information

Present Employer: _____ Phone: (____)____-____ Supervisor: _____

Position: _____ Net Wages: \$____ per _____ # of Hours _____ Years? _____

Previous Employer _____ Address _____

Position: _____ Net Wages: \$____ per _____ # of Hours _____ Years? _____

Income Source: _____ Address _____

Phone: (____)____-____ How long will income be received? _____ Payment: _____/month

Bank References and Financial Information

Name of Bank: _____ Address _____

Checking Account: [] Balance: \$ _____ Savings Account: [] Balance: \$ _____

Ever Filed for Bankruptcy? () Yes () No.

Monthly Payments (loans, credit cards, etc.)

Lender: _____ Balance: \$ _____ Mo. Payment: \$ _____

Lender: _____ Balance: \$ _____ Mo. Payment: \$ _____

Lender: _____ Balance: \$ _____ Mo. Payment: \$ _____

Lender: _____ Balance: \$ _____ Mo. Payment: \$ _____

Automobile Information

Auto: _____ Plate # _____ Driver's License Number _____
(make, model, year)

Auto: _____ Plate # _____ Driver's License Number _____
(make, model, year)

Emergency Contacts: *Please List the Two Closest Relatives Living Nearest to You.*

Name _____ Phone (_____) _____ - _____

Address _____ Relationship _____
Address City State Zip Code

Name _____ Phone (_____) _____ - _____

Address _____ Relationship _____
Address City State Zip Code

References: *Please list Personal References' Names, Addresses & Telephone Numbers.*

References: *Please List Credit References' Names, Addresses & Telephone Numbers.*

WE ARE REQUIRED TO NOTIFY YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, WE MAY INVESTIGATE YOUR CREDIT HISTORY, EMPLOYMENT HISTORY AND GENERAL BACKGROUND. BY SIGNING BELOW, YOU HEREBY GRANT PERMISSION FOR US TO DO SO. IN ADDITION, SIGNING BELOW CERTIFIES THAT ALL OF THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE.

(Signature of Applicant) _____ (Date) _____ (Signature of Applicant) _____ (Date) _____

PLEASE RETURN APPLICATION TO: MANAGER/DIRECTOR/CARETAKER