

# SILVERMIST GARDENS, LLC

N2270 State Road 22 Waupaca WI 54981

## STANDARD APPLICATION FOR OCCUPANCY

ONE APPLICATION PER ADULT RESIDENT

BUILDING ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
TENANT TO FURNISH: HEAT \_\_\_\_\_ GAS \_\_\_\_\_ ELECTRIC \_\_\_\_\_ WATER \_\_\_\_\_  
MOVE-IN DATE \_\_\_\_\_ LEASE TERM BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_  
TOTAL NUMBER OF PERSONS WHO WILL OCCUPY THIS UNIT \_\_\_\_\_  
TOTAL SECURITY DEPOSIT\$ \_\_\_\_\_ REQUESTED APT: \_\_\_\_\_ 1 BEDROOM \_\_\_\_\_ 2 BEDROOM  
TOTAL MONTHLY RENT\$ \_\_\_\_\_ \_\_\_\_\_ UPPER \_\_\_\_\_ LOWER

MANAGERS ARE NOT ALLOWED TO ACCEPT CASH OR HAVE CHECKS MADE OUT TO THEM PERSONALLY  
MAKE ALL CHECKS PAYABLE TO SILVER MIST APARTMENTS

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## PERSONAL INFORMATION

APPLICANTS NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_  
PRESENT ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
LANDLORD'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
LANDLORD'S ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ RENT PAID \$ \_\_\_\_\_ NO. OF MONTHS RENTED \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
EMPLOYED BY \_\_\_\_\_  
EMPLOYER'S ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
YEARS/MONTH EMPLOYED \_\_\_\_\_ EMPLOYER'S TEL.NO. \_\_\_\_\_  
POSITION \_\_\_\_\_  
NAME OF SUPERVISOR \_\_\_\_\_  
MONTHLY GROSS INCOME \_\_\_\_\_  
APPLICANT'S WORK TEL. NO. \_\_\_\_\_ VEHICLE LICENSE NO. \_\_\_\_\_  
MODEL, COLOR, AND YEAR OF VEHICLE \_\_\_\_\_  
NUMBER OF CHILDREN OCCUPYING APARTMENT \_\_\_\_\_  
IN CASE OF PERSONAL EMERGENCY, NOTIFY \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
FAMILY PHYSICIAN \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
CREDIT CARD(S) \_\_\_\_\_ TOTAL MONTHLY PAYMENTS \_\_\_\_\_  
PERS. LOANS \_\_\_\_\_ TOTAL MONTHLY PAYMENT S \_\_\_\_\_  
NAME OF YOUR BANK \_\_\_\_\_  
BANK ADDRESS \_\_\_\_\_ BANK PHONE \_\_\_\_\_

If accepted, the undersigned hereby agrees to enter into a binding lease between the parties for the term identified in said lease, with sixty days notice required to terminate tenancy at the end of lease term. If applicant refuses to accept the apartment after the application has been checked, accepted, and notification provided, applicant hereby waives right to a refund of deposit already paid to secure said apartment.

**NO PETS ALLOWED WITHOUT LESSOR'S WRITTEN CONSENT. A NON-REFUNDABLE PET DEPOSIT OF \$250.00 IS REQUIRED AT TIME OF LEASE SIGNING.**

To the best of my knowledge, all the above information is true.

I am aware that my rental of said premises is to be limited to the use and occupancy size and description by the family above as set-forth with Silver Mist Apartments, without any right on my part to sublet all or any of said premises. \_\_\_\_\_ (initial)

This property is professionally managed by Silver Mist Apartments conducting business in accordance with all federal, state, and local fair housing laws. It is the policy of Silver Mist Apartments to provide housing to all persons regardless of race, color, religion, sex, national origin.

The applicant grants permission to check all references, credit information, and salary information.

_____	_____	_____	_____
Manager's Signature	Date	Signature	Date

How DID YOU LEARN ABOUT THE APARTMENT? Newspaper\_\_\_ Sign\_\_\_ Tenant\_\_\_ Internet\_\_\_ Referral\_\_\_