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Office  
4004 Oakwood Hills Pkwy Suite 100  
Eau Claire WI 54701

Mailing Address  
PO Box 720  
Eau Claire WI 54702-0720

715-834-3411  
Fax: 715-834-1535  
1-800-924-3256



Dear Potential Tenant:

Thank you for your interest in renting an apartment managed by Landmark Company. Attached is the application for housing that you requested. Please fill it out as completely as possible. **We do not charge an application fee.**

Landmark Company is committed to providing equal housing opportunity; we do not discriminate on the basis of race, color, religion, sex, handicap, national origin, familial status, marital status, sexual orientation, or lawful source of income or age.

After you return a complete application to us, we will collect credit, court record, employment and rental reference information before we approve or disapprove an application. Negative information disclosed by those searches may disqualify you. Please be aware that if any information on the application is misrepresented and found after a rental agreement is signed, the rental agreement will be terminated.

Some of the things that we will look at include a conviction of any type of crime that would be considered a serious threat to real property or to other residents' peaceful enjoyment of the premises, manufacture or distribution of controlled substances, court-ordered evictions, judgments for financial delinquency, bankruptcy, allowing persons not on the lease to reside on the premises, and reports of gambling or prostitution. Our house rules and guidelines are extensive and the mentioned items only suggest major categories of concern. Our rental manual applies in all cases.

Should you have any questions, if you are having difficulties completing any portion of the application, or if you wish to see the apartment for which you are applying, contact our office at 715-834-3411 and we will be happy to assist you.

Sincerely,

Landmark Company

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**PRELIMINARY APPLICATION FOR OCCUPANCY This is NOT a lease or Rental Agreement.**

The undersigned hereby makes application to rent a \_\_\_\_\_ bedroom apartment / unit located in \_\_\_\_\_, Wisconsin.

**APPLICANT INFORMATION Each Non-Married Co-Applicant must complete a separate Rental Application.**

**FULL NAME** (First): \_\_\_\_\_ (Last) \_\_\_\_\_ (MI) \_\_\_\_\_  
Previous Name (if any): \_\_\_\_\_  
Age \_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_ Social Security No. \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ Marital Status \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**SPOUSE** (First): \_\_\_\_\_ (Last) \_\_\_\_\_ (MI) \_\_\_\_\_  
Previous Name (if any): \_\_\_\_\_  
Age \_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_ Social Security No. \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ Marital Status \_\_\_\_\_

**CURRENT MAILING ADDRESS** \_\_\_\_\_  
Renting? Yes \_\_\_\_ No \_\_\_\_ How long? \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Landlord Name and Phone No. \_\_\_\_\_

**PREVIOUS MAILING ADDRESS** \_\_\_\_\_  
Rented? Yes \_\_\_\_ No \_\_\_\_ How long? \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Landlord Name and Phone No. \_\_\_\_\_

| Names of Other Persons (Non-Applicants) to occupy unit | Relationship | Social Security No. | Date of Birth |
|--|--------------|---------------------|---------------|
| 1.   |              |                     |               |
| 2.   |              |                     |               |
| 3.   |              |                     |               |

Race or Head of Household White  Black  American Indian  Asian   
Ethnicity of Head of Household Hispanic  Non-Hispanic

**IN CASE OF EMERGENCY CONTACT:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Present Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**Is someone legally empowered to act on your behalf?**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

| Close relatives or friends (include children not living with you): |               |            |          |
|--|---------------|------------|----------|
| Name:  | Relationship: | Phone No.: | Address: |
| 1.   |               |            |          |
| 2.   |               |            |          |
| 3.   |               |            |          |

Are you a full-time student?  Yes  No

If you are a student, please answer the following questions.

Do you receive financial aid and/or grants?  Yes  No

Have you resided apart from your parent(s)/guardian(s) for the last year?  Yes  No

Does your parent/guardian claim you as a dependant on their income tax returns?  Yes  No

Single individuals who do not qualify for federally assisted housing under the definition of "family" must be either 62 years of age or handicapped. Are you either of these, and if so, which one?

62 years of age

Handicapped or Disabled

Persons who meet the definition of disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain deductions. See the attached addendum that defines disabled or handicapped. If you feel that you qualify and would like to request this rent adjustment to your income, please check here: .

If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

Do you have any specific housing requirements, such as a special handicap accessible unit? Yes  No

What is your present living arrangement? \_\_\_\_\_

Do you hold a Letter of Priority Enrollment? Yes  No  Issued by Rural Development? Yes  No

Will you require an on-premise vehicle parking space? Yes  No

Do you certify that this unit will be your permanent residence and that you do not / will not maintain a separate subsidized unit in a different location? Yes  No

Are you currently receiving a rental assistance subsidy? Yes  No

Our policy states that we will offer housing to non-subsidized people before currently subsidized people, unless they require the handicapped apartment.

|   |  |                               |
|---|--|-------------------------------|
| <b>APPLICANT'S EMPLOYER &amp; INCOME</b><br>Status: ___ Employed ___ Full Time ___ Part Time<br>___ Student ___ Full Time ___ Part Time |  | ___ Retired<br>___ Unemployed |
|---|--|-------------------------------|

**PRESENT EMPLOYER** \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Since (date) \_\_\_\_\_ Weekly Take Home Pay \$ \_\_\_\_\_ Position \_\_\_\_\_

**PREVIOUS EMPLOYER** \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Since (date) \_\_\_\_\_ Weekly Take Home Pay \$ \_\_\_\_\_ Position \_\_\_\_\_

**Complete all applicable information for the Applicant and/or Spouse.**

**SOCIAL SECURITY / SSI --** List gross amount of all payments received.

\$ \_\_\_\_\_ per month for \_\_\_\_\_  
\$ \_\_\_\_\_ per month for \_\_\_\_\_  
\$ \_\_\_\_\_ per month for \_\_\_\_\_  
\$ \_\_\_\_\_ per month for \_\_\_\_\_

**PENSIONS / ANNUITIES / IRA ACCOUNT**

\$ \_\_\_\_\_ per month from \_\_\_\_\_  
\$ \_\_\_\_\_ per month from \_\_\_\_\_  
\$ \_\_\_\_\_ per month from \_\_\_\_\_

**ALL OTHER INCOME --** Include income from Unemployment, Child Support, VA Benefits, Public Assistance, AFDC or any other source.

\$ \_\_\_\_\_ per month from \_\_\_\_\_  
\$ \_\_\_\_\_ per month from \_\_\_\_\_  
\$ \_\_\_\_\_ per month from \_\_\_\_\_

**CHILD CARE EXPENSE --** List amount paid for the care of children 13 years of age that enables family members to further education or to be gainfully employed.

\$ \_\_\_\_\_ annually \_\_\_\_\_

**MEDICAL EXPENSES --** Elderly, Handicapped or Disabled households ONLY. List total medical expenses anticipated for the next twelve-month period that are not covered by insurance.

\$ \_\_\_\_\_ annually for \_\_\_\_\_  
\$ \_\_\_\_\_ annually for \_\_\_\_\_

|  |                  |                          |
|--|------------------|--------------------------|
| <b>Cash on Hand</b> – amount on hand at present time |                  | \$ _____                 |
| <b>CHECKING AND SAVINGS ACCOUNTS</b>                 |                  |                          |
| Account # _____                                      | Bank _____       | Current Balance \$ _____ |
| Account # _____                                      | Bank _____       | Current Balance \$ _____ |
| <b>SAVINGS ACCOUNTS</b>                              |                  |                          |
| Account # _____                                      | Bank _____       | Current Balance \$ _____ |
| Account # _____                                      | Bank _____       | Current Balance \$ _____ |
| Account # _____                                      | Bank _____       | Current Balance \$ _____ |
| <b>STOCKS AND / OR BONDS</b>                         |                  |                          |
| Type _____   | No. Owned: _____ | Value \$ _____           |
| Type _____   | No. Owned: _____ | Value \$ _____           |
| Type _____   | No. Owned: _____ | Value \$ _____           |

**REAL ESTATE OWNED AT PRESENT OR SOLD WITHIN THE LAST 2 YEARS**

Address: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_ If sold within the last 2 years, amount sold for: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_ If sold within the last 2 years, amount sold for: \$ \_\_\_\_\_

**PROPERTY SOLD UNDER LAND CONTRACT**

Original Amount: \$ \_\_\_\_\_ Outstanding Balance: \$ \_\_\_\_\_  
 Terms: \$ \_\_\_\_\_ per month \_\_\_\_\_ or per year \_\_\_\_\_

**LIST ALL OTHER ASSETS OWNED**

Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Do you receive monetary gifts or non-cash contributions (food, clothing, utilities, etc.) on a recurring basis from a private individual?  Yes  No If so, approximately how much and from whom? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

YOUR SIGNATURE ON THIS APPLICATION AUTHORIZES LANDMARK COMPANY TO CONTACT YOUR PRIOR LANDLORDS FOR INFORMATION REGARDING YOUR PRIOR TENANCIES, TO CHECK PERSONAL AND CREDIT REFERENCES AND TO OBTAIN CREDIT, EMPLOYMENT AND COURT RECORDS.

**APPLICANT'S PERSONAL AND RENTAL REFERENCES (within the last 10years)**  
 Have you ever filed for bankruptcy before? No  Yes  (date) \_\_\_\_\_

Have you ever been arrested and/or convicted of a crime? If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you subject to any state's lifetime sex offender registry requirement? If yes please list the state: \_\_\_\_\_  
 \_\_\_\_\_

Please list all states where all household members have every lived: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| PERSONAL / PROFESSIONAL REFERENCES – <b><u>NOT</u></b> FRIENDS OR FAMILY |   |         |
|--|---|---------|
| Name   | Telephone                               | Address |
| 1.   |   |         |
| 2.   |   |         |
| 3.   |   |         |
| RENTAL REFERENCES (Starting with present landlord, if applicable)        |   |         |
| Rental Address   | Name, Telephone and Address of Landlord |         |
| 1.   |   |         |
| 2.   |   |         |
| 3.   |   |         |

Automobiles: Model: \_\_\_\_\_ Year: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Model: \_\_\_\_\_ Year: \_\_\_\_\_ License No.: \_\_\_\_\_

**PLEASE READ THIS CAREFULLY AND SIGN THIS APPLICATION**

The purpose of this application is to determine whether I qualify as a tenant. If my application is approved, a representative of Landmark Company and I shall sign a written lease or rental agreement. Landmark Company and I have no rental agreement until the time that the lease or written rental agreement is signed.

I acknowledge that the Manager and the agents and employees thereof represent the interests of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

**LEASE OBLIGATIONS FOR ROOMATES:** When two or more adults sign a lease together, they are considered as one entity with regards to all lease obligations. This means that should one of the tenants not pay rent, lockout charges, late fees or follow any other item included in the lease, it is the other tenants' duty to fulfill the obligation.

**I/WE DECLARE THE ABOVE INFORMATION TO BE TRUE AND CORRECT. I/WE HEREBY AUTHORIZE LANDMARK COMPANY TO CONDUCT AN INVESTIGATION OF MY EMPLOYMENT, LANDLORD AND CREDIT HISTORY AND VERIFY ALL REFERENCES. LANDMARK COMPANY RESERVES THE RIGHT TO CONDUCT A CRIMINAL BAKCGROUND CHECK.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

“The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.”

APPLICANT \_\_\_\_\_ SEX \_\_\_\_\_

Race/National Origin

(Not of Hispanic Origin)

- White       Black  
 Hispanic       Asian or Pacific Islander  
 Other (Specify) \_\_\_\_\_

- Male  
 Female

**STATEMENT REQUIRED BY THE PRIVACY ACT**

Rural Development is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C. 1471 et. seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may delay in the processing of your eligibility or rejection, except that it is unlawful for Rural Development to deny eligibility because of the refusal to disclose the Social Security Account number.

The principle purposes for collecting the information are to determine eligibility for occupancy in the Rural Development financed rental project and to determine the amount of tenant contribution for rent. The information collected on the form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings.

|   |  |   |
|---|--|---|
| <b>FOR OFFICE USE ONLY</b><br>Income: _____<br>Criminal: _____<br>Rental History: _____ | Date Received _____<br>Credit Report: _____<br>References: _____<br>Other: _____ | Accepted ___ Denied ___<br>Notified _____<br>_____<br>_____ |
|---|--|---|



**RELEASE OF INFORMATION AUTHORIZATION**

To Whom It May Concern:

The individual(s) indicated below are participant(s) and/or have applied for housing. Landmark Company is the management agent of the housing development in which this individual(s) is residing or applying for residency.

Landmark Company is required by law to confidentially verify information provided by applicants. The applicants have indicated your Agency's/Institution's name as a source of information. Verification of applicant/participant statements is not limited to those shown in the following authorization.

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

|   |  |
|---|--|
| Household Composition                   | AFDC/General Assistance  |
| Employment Income                       | Social Security/SSI  |
| Unemployment Income                     | Educational Scholarships/Stipends  |
| Alimony/Maintenance                     | Assets (Checking, Savings, IRAs, Trusts,<br>Stocks, Bonds, Mutual Funds, etc.) |
| Pension/VA/Annuities                    | Medical/Insurance Information, Child Care                                      |
| Previous/Current Landlord               | Expenses and/or Unusual Expenses   |
| Criminal Activity/Sex Offender Registry |  |

I/We hereby authorize Landmark Company to make any inquiries necessary or advisable in verifying the above information and to make any inquiries in verifying income and asset information.

I/We agree that photocopies of this authorization may be used for the purposes stated above.

**If I, or any adult member of my household, fail to sign this authorization, without disclosing all financial information relating to the certification, I/we understand that this action may constitute grounds for denial of eligibility or termination of assistance.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# LANDLORD REFERENCE

Current Landlord: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Current Rental Address: \_\_\_\_\_

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

Dates Resided @ Address: \_\_\_\_\_

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

Apartment Applying For: \_\_\_\_\_

I hereby authorize the release of the requested information.

X

\_\_\_\_\_  
Signature of Applicant

We are hereby requesting a landlord reference for this applicant. Your prompt return of the information to the fax number or address below is appreciated. Thank you.

Landmark Company, P.O. Box 720, Eau Claire WI 54702-0720  
Fax #: 715-834-1535

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To be completed by **CURRENT OR MOST RECENT LANDLORD:**

1. Length of Occupancy: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

2. Was the tenant ever late in rental payments? Yes  No

3. Does the tenant owe you any money now? Yes  No

4. Was the tenant ever evicted or served an eviction? Yes  No

5. Did the tenant maintain desirable living conditions? Yes  No

6. Did the tenant get along well with other tenants? Yes  No

7. Was the tenant destructive to the property? Yes  No

8. Were any pets on the premises? Yes  No

9. The applicant's overall conduct while residing in my apartment would be considered:

Excellent     Good     Fair     Poor

10. If this tenant moved and re-applied for housing in the future, would you rent to him/her again? If no, why not? \_\_\_\_\_

11. Please explain any "yes" answers or make additional comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Reference

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date