

**Madison Development Corp. Application for Rental Properties**  
**RENTAL APPLICATION INSTRUCTIONS**

Dear Applicant,

Thank you for choosing one of our Madison Development Corp. Rental Homes.

- ◆ The first thing that you will want to do before filling out the application is call and set up an appointment (608.256.2799 ext. 18) to view the apartment that you are interested in. To see the updated apartment availability list go to Rentals on our web-site, [www.mdcorp.org](http://www.mdcorp.org) to view what is currently available. We are sure that you will be satisfied with your choice of apartment.
- ◆ In order for us to process your application quickly, please fill out **all** of the application.
- ◆ After completing the application you will need to bring it in or send it to our office located at 550 West Washington Avenue, Madison, WI 53703.
- ◆ Once we review your application and do the appropriate Reference and Credit checks we will notify you of your application status.
- ◆ Below is listed the Criteria that we use during the application process.

If you have any questions regarding the application feel free to give us a call at 608.256.2799 ext. 18 and thanks again for choosing Madison Development Corp.

Sincerely,

MDC Property Management

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**SCREENING CRITERIA**

**A COMPLETE APPLICATION:** One for **each adult** (18 years or older, this includes each spouse and adult child). If a line is not filled in (or the omission is not explained satisfactorily), we will return the application to you.

**IDENTIFICATION:** We require photo identification (a driver's license or other government issued photo identification card) and a second piece of I.D. as well, at the time you apply for an apartment with us.

**RENTAL HISTORY VERIFIABLE FROM 2 YEARS UN-BIASED SOURCES:** It is your responsibility to provide us with the information necessary to contact past landlords. We reserve the right to deny your application if, after a good faith effort, we are unable to verify your rental history. If you owned – rather than rented – your previous home, you will need to furnish mortgage company references and proof of ownership or transfer.

**SUFFICIENT INCOME RESOURCES:** If your monthly rent payments exceed **40%** of your monthly income, before taxes, we may require evidence of actual ability to pay the rent or a qualified co-signer for your rental agreement. We must be able to verify independently the amount and stability of your income.

**CREDIT RECORDS** showing occasional late payments may be acceptable, provided you can justify the circumstances and provide a qualified co-signer on your rental agreement. Unpaid Medical Bills and Student Loans will not be cause for denial, however poor credit records (overdue accounts) may result in denial of your application.

**CRIMINAL RECORDS:** Any criminal records within the past two years may be grounds for denial. Drug offenses, violent crimes and any other convictions that may endanger other tenants are examples of reasons for denial. The two year limitation does not apply to sex offenders.

**FALSE INFORMATION IS GROUNDS FOR DENIAL.** You will be denied rental if you misrepresent any information on the application. If misrepresentations are discovered after a rental agreement is signed, your rental agreement will be terminated.

**SECURITY DEPOSIT IS A HALF MONTH'S RENT AND IS DUE AT LEASE SIGNING.**

WE WILL ACCEPT THE **FIRST (1<sup>st</sup>)** QUALIFIED APPLICANT!!

**Professionally Managed by Madison Development Corporation**



## Madison Development Corporation Residential Rental Application

**GENERAL INFORMATION:** You may check the availability of apartments before applying by calling 608.256.2799 ext. 18 or by visiting our website at [www.mdcorp.org](http://www.mdcorp.org).

### For Office Use Only

Monthly Rent: \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_ Lease Term: \_\_\_\_\_ To \_\_\_\_\_

Fees: \_\_\_\_\_ Calculated Annual Income: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Address you are applying for: \_\_\_\_\_ Apt. # \_\_\_\_\_

### \*Daytime Phone Number:

Write the phone number where you can be reached between the hours of 9am and 5pm Monday - Friday concerning the status of this application and write the apartment number being applied for.

### HOUSING REFERENCES:

1. **Present address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Lease Term: \_\_\_\_\_ To: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

Landlord's Fax # \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2. **Previous address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Lease Term: \_\_\_\_\_ To: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

Landlord's Fax # \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### ADDITIONAL INFORMATION:

1. Do you own a pet? **Yes No** (A monthly fee will be charged for pets.)

2. Have you ever been convicted of a felony? **Yes No** If yes, please explain:

\_\_\_\_\_

3. Have you ever been evicted from an apartment for any reason? **Yes No**

If yes, please explain \_\_\_\_\_

### ASSET INFORMATION:

DESCRIPTION	HOUSEHOLD MEMBER	CASH VALUE	NAME OF SOURCE
Checking			
Savings			
Other _____			

\*\*For HOME Units a more detailed form is provided for assets

**CURRENT EMPLOYMENT INFORMATION:**

1. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Approx. Annual income: \$ \_\_\_\_\_ Approx. # of hours worked per week \_\_\_\_ Supervisor: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Approx. Annual income: \$ \_\_\_\_\_ Approx. # of hours worked per week \_\_\_\_ Supervisor: \_\_\_\_\_

**INCOME INFORMATION:**

**PLEASE ATTACH PROOF OF INCOME SUCH AS PAY STUBS OR A LETTER EXPLAINING BENEFITS**

DESCRIPTION	HOUSEHOLD MEMBER	ANNUAL \$ AMOUNT	NAME OF SOURCE
Employment #1			
Employment #2			
Self – Employment			
Social Security			
Social Security (SSI)			
Public Assistance			
Periodic Pension Payments			
Disability			
Child Support/Alimony (Court Ordered)			
Unemployment			
Other Income			

**The number of people (including minors) to be living at the house hold: \_\_\_\_\_**

**How did you find out about this MDC Property:**

Please Circle One:

Newspaper Ad    CDA / Agency Referral    From a friend    Sign on the building    Other: \_\_\_\_\_

**I hereby certify that all statements made above are correct. I consent to an inquiry of any housing or employment references listed on the application as well as a credit report and criminal history. These inquiries are for the purpose of determining the acceptance or denial of the application for housing and will be kept confidential. I grant MDC 21 days to review this application.**

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

By signing this I certify that all of the above information true.

**If you are denied would you like a written explanation of the reason (s): Circle one YES NO**

**MDC IS AN EQUAL OPPORTUNITY HOUSING PROVIDER.**

**In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of HOME/FHLBC Affordable Housing Program housing, please complete the following authorization.**

**AUTHORIZATION:**

I / We hereby authorize release of any information requested by Madison Development Corporation Regarding my/our income, assets, and allowances. I / We understand and agree that photocopies of this authorization may be used for the purpose stated above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

**TERMS AND CONDITIONS:**

Madison Development Corp. may obtain information regarding my income, assets, expenses and household status for purposes of determining my eligibility for participation in affordable housing programs. The information obtained will only be used for determining income eligibility in applicable programs and will be kept confidential and not released outside this scope.

This release for information will expire six months from the date of signature.

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