

Debbie & Tom Minnich
 Onsite Property Managers
 920- 427-8383
 1-920-482-5774 Fax
 Shade Tree Estates@Yahoo.com
 Website:
 www.ShadeTreeEstates.com

APPLICATION FOR TENANCY

N _____ State Park RD Apt _____ Appleton WI 54915 1Bdr: \$575 L - \$595 U 2Bdr: \$595 L - \$625 U - \$650 U/Den

* QUALIFIED APPLICANTS / [min. co-signer ***]
 12 Mo Lease * 6 Mo Lease ***
 \$450 * / -\$710 SD Full SD [MIN \$600] + 1st & Last MO's Rent
 Smokers***: and / or Pet owner: ***
 \$600 S/D*** ~ + \$20 p/m per Cat [limit 2]
 Security Deposit: _____ Rent: _____
 Application Received: _____
 ➤ Desired Move in Date: _____

PLEASE PRINT OR WRITE CLEARLY: You MUST ANSWER ALL QUESTIONS use BLUE OR BLACK INK Only PLEASE!

➤ APPLICANT INFORMATION: Have You EVER Had Any: Bankruptcies, Evictions, FELONIES, Drug charges, Foreclosures, Collections Or Judgments against you? (If Yes <u>Circle or underline</u> ALL that apply) and answer >>>		Y or N or Maybe (Circle one)
Name-First: _____ MI _____ LAST _____		OCC: # Adults _____ #children _____
Date of Birth: _____	SSN: _____	Your Phone(s): _____
Current~ Street Address: _____		How long? _____ Dates: From: ___/___/___ To: ___/___/___
City: _____	State: _____ ZIP: _____	* Name / or Landlord /Management co: _____
Own Rent [Parents / relative/ Friend*] (Circle one)	Mortgage Pmt or RENT: \$ _____	Landlord Phone: _____
Previous Address:: _____		YOUR EMAIL: _____
City: _____	State: _____ ZIP: _____	How long? _____ Dates: From: ___/___/___ To: ___/___/___
Landlord/Management co > _____		Previous landlord Phone: _____
Own Rent Parents / relative/ Friend (Circle one)	Monthly payment or rent: _____	D-Lic. # _____
Vehicle(s) ~ Make : _____	Year: _____ Color: _____	License Plate #: _____
Vehicle(s) ~ Make : _____	Year: _____ Color: _____	License Plate #: _____
Financial institution: _____	Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>	
ALL INCOME SOURCES & Employment Information IF LESS than 3 yrs list: Previous employer and/or Student Status		
Current Employer: _____		
Employer Address: _____		How long? _____ Dates: From: ___/___/___ To: ___/___/___
City: _____	State: _____	ZIP: _____
Phone: _____	Fax: _____	HR ~ E-mail: _____
Position: _____	Salary: _____ or Per Hour: _____ ◆ Benefit Letter Required>	Monthly income: _____ Other income:\$ _____ ◆ SSI ◆ SSA Child support Alimony 2 nd Job: _____
(Circle one) PAST or 2nd Employer: _____		How long? _____ Dates: From: ___/___/___ To: ___/___/___
City: _____	State: _____	ZIP: _____
Phone: _____	Fax: _____	E-mail: _____
Position: _____	Salary: _____ or Per Hour: _____ ◆ Benefit Letter Required>	Monthly income: _____ Other income:\$ _____ ◆ SSI ◆ SSA Child support Alimony 3 rd Job: _____
EMERGENCY CONTACT		
Name and address of a Friend or relative not residing with you: NAME: _____		
Address: _____		
City: _____	State: _____	ZIP: _____ Phone: _____
Relationship: _____		
Any pets? ~ Cat: Yes No (Limit 2) # _____ / Sorry NO Dogs or reptiles allowed!		
(Over) I have received and read the Terms of Agreement pertaining to leasing at Shade Tree Estates, Kaukauna WI 54130: Initial here: _____		
Required with this application: ~ Credit check fee: Money order \$15 Single ~ \$20 Married Couple		
Money order preferred > Made payable to: SHADE TREE ESTATES		

➤ All of the above is true & correct. I understand that Misrepresentation Is Cause For Non-Acceptance Of The Apartment at SHADE TREE ESTATES that I am applying for. I also authorized investigation of all statements contained in this application by SHADE TREE ESTATES MANAGEMENT. I understand in order for my rental application to be complete, a credit and background check will need to be done. I fully authorize the Landlord and assistants at SHADE TREE ESTATES to do these checks as well as any verification of past or present employment or rental history. **Rent payment may not exceed 35% of total debt/income ratio of all applicants/ ALL MUST QUALIFY. Minimum Credit score required: 575-620 w/ Co-Signer and/or 6 month lease~ 620 or better on your own.

PRINT NAME of Applicant: _____	Date: _____
Signature of Applicant: _____	Date: _____

We are an equal opportunity housing provider and do not discriminate on the basis of race, color, national origin, ancestry, sex religion, familial status, lawful source of income, handicap, sexual orientation or age. **Rent payment may not exceed 35% of total debt/income ratio of all applicants and All Must qualify.

Tom & Debbie Minnich
W2234 Gentry DR #4/ Office 3
Kaukauna, WI 54130
920-427- 8383 / 427-1246
Fax: 920-482-5774

*** For Office Use Only***

Check# _____
Name on Check/MO _____
Amount Received _____
MO# _____

(Application Fee: Single \$15/Married \$20)

Shade Tree Estates ~ Appleton / Kaukauna



APPLICATION FOR TENANCY TERMS OF AGREEMENT

ALL MUST QUALIFY. Minimum Credit score required: 575-620 w/ Co-Signer and/or 6 month lease- 620 or better on your own.

1. **Rent is due and payable in Full:** payment by check or money order (**NO CASH**), on or before the **First (1st) day of the month** with *no grace period*; time is of the essence; payable in advance to **Shade Tree Estates or Maple View Ct**
2. Rent payment should be **Mailed or delivered to:**
 - a. **Shade Tree Estates or Maple View Ct W2234 Gentry DR # 4 / Office 3 Kaukauna WI 54130**
3. **Only** the party(s) named in this Application and/or final lease agreement **shall occupy** the apartment **Without Written Permission of Owner or Agent**. **All key-holders must be registered with management**. All Occupants 18 years of age and old must apply and be approved to be included in the lease.
 - a. Unauthorized occupants are grounds for lease termination
4. **Dogs, cats, birds, reptiles or pets of any kind are not permitted on or in the premises without written permission** of management. **Pets may not visit for ANY length of time. NO Dogs or Reptiles allowed**
5. **Effective May 2011 Pet owners (+ \$20 p/m per Cat [limit 2]) & smokers will have a minimum \$600 Security Deposit.**
6. **Smoker's: tenants & their guests** are not to smoke inside the apartment or in common areas [entry, halls & side-walks] of the complex, **Smoking is limited to the tenants Balcony or patio area**. You must also provide for safe disposal of the cigarette/cigar butts in a safe container not tossing them or allowing them to blow into the yard/or parking area. [Smoke film/ damage, from cigarettes and/or Candles, etc. in apartment shall be accessed against Security Deposit.]
7. Tenants shall not paint apartment without **written permission** of owner or agent; nor make any alterations to the premises and shall refrain from driving large nails, screws, tacks, etc. into the walls, ceilings or floors (NOTE: A few Small picture nails/tacks are allowed). **Written permission from management is required to have a Dish/Satellite antenna system ~with special requirements.**
8. All refuse must be deposited in specified outdoor containers, which are provided. For Large items (mattresses, furniture, etc.) see Manager. **Proper Recycling is mandatory.**
9. All public areas (hallways, basement and outside areas) must be kept clean and free of all personal property.
10. **Tenants must park vehicles in assigned parking spaces only.** We have **limited parking available** you will receive a garage and **1** parking space. Special temporary parking and renting additional garage space can be arranged for a FEE. **Parking areas are reserved for passenger automobiles/trucks or Motorcycles only; No Oversized Vans or Utility trucks / semis, motor homes, camper trailers or boat trailers, etc.** are allowed without **written approval** from management. **All parked vehicles must have active license plates and be operative.** Management reserves the right to remove inoperative and/or unlicensed vehicles at owner's expense.
11. Owner or his agent shall have the right to enter and show the apartment at reasonable times with tenants consent or after giving 12-hour notice to tenants.
12. Occupancy shall be on a month-to-month tenancy after expiration of the lease. This periodic month-to-month tenancy can be terminated only on or before the First (1st) day of the next month by a written notice received at **least 30 days** before the termination date. (Ex: leaving end of Oct not paying November 1 rent / 30 day notice must be received no later than October 1st premises should be vacant cleaned and keys returned to Manager for final walk through inspection on or before October 31 at 11 AM)
13. **Tenant shall not elect to apply the security deposit to the last month's rent when giving a notice of intent to vacate.**
14. Owner shall not be responsible for loss or damage of tenants or guest's personal property that is not attributed to negligent actions or omissions of the owner, including property in storage areas. **Tenant is responsible for getting the REQUIRED Renters insurance to protect personal property.**
15. **Move-in/out hours are limited to 8am-8pm** for the quiet enjoyment of all tenants. Please always treat this time frame as quiet time.
16. **Drive Slow & Quietly: Maximum Speed on property is 15 MPH on entry ways.... 5 MPH** in front of Garages and Apartment buildings.
17. **6 month lease option** is shortest lease available: **Full Security Deposit with 1st and Last month's Rent due at Lease Signing.**

How did you learn about these apartments?

Apartment Sign _____ Start Renting Guide: _____ Start Renting Online _____ Flyer/Brochure _____

Tenant _____ [You will be New/ never lived here before] If referred by a tenant please give name & Address: _____

SHADE TREE ESTATES WEBSITE _____

LANDLORD/TENANT VERIFICATION

Authorization to release information to:

Shade Tree Estates & Maple View Ct

Debbie & Tom Minnich

920-427-8383 ~ Debbie or 920-427-8307 ~ Amee

W2234 GENTRY DR #4/OFC

Fax: 1-920-482-5774

SIGN BELOW ONLY! ~ Do not fill out~ for office use only!

Applicants Name: _____ **Apt:** _____

PRESENT HOUSING REFERENCE Management / Property Name: _____

Applicants Address: _____ **Lease began:** _____ **End:** _____

Have you received proper notice to Vacate? _____ **How many days' notice is required:** _____

Was all rent paid on time? Yes No If NO, how many times late? _____

Were there any NSF checks issued? Yes No **If yes how many?** _____

Were there, any lease violations or warnings issued for anything other than non-payment of rent?

Yes No If yes, please explain _____

Did they have any pets, Y / N if so what kind(s) & how many? Cat(s) _____ Dog(s) _____ Bird(s) _____

Other: _____ Any Issues please comment: _____

Would you re-rent to this person(s)? Yes No **Comments:** _____

Are there an Eviction(s) pending and or Rent/damages owed: Yes No

Comments: _____

Verifier's Name and Title: _____

Verifier's Signature: _____ **Date:** _____.

Applicant Sign below with BLUE OR BLACK INK and Return with your Application

By signing below, applicant authorizes the release of ALL of the above information requested and asks for a cooperative and immediate response to the *Shade Tree Estates and or Maple View Ct, Associates staff.*

Signature: _____ **Date:** _____

PRINT NAME: _____

Income / Employment Verification Request
Authorization To Release Information To:
Shade Tree Estates & Maple View Ct

Debbie & Tom Minnich
920-427-8383 ~ Debbie or 920-427-8307 ~ Amee
W2234 GENTRY DR #4/OFC
Fax: 1-920-482-5774

Applicant ~ SIGN BELOW ONLY! ~ DO NOT FILL OUT FORM ~ FOR OFFICE USE ONLY!

Applicants Name: _____ **Dept /Title:** _____

Employer #1: Company Name: _____

Start Date of Employment _____ **Position & Title:** _____

End date of employment (if applicable): _____

Permanent Temp-to Hire Temporary Part-time Full-time Hourly Salary

Average hours per week _____ **Wages:** per hour/month or year: _____

Verifiers Name: _____ Position: _____

Verifier's Signature: _____ Date: _____

COMMENTS:

Applicant Sign below with BLUE OR BLACK INK and Return with your Application

By signing below, applicant authorizes the release of ALL of the above information requested and asks for a cooperative and immediate response to the Shade Tree Estates and /or Maple View Ct, Associates staff.

Signature: _____ **Date:** _____

PRINT NAME: _____