

#### Application Instructions:

- Please fill out the application in full and make sure to type or print clearly. Applications will only be processed once all applicants have submitted applications and cosign applications if necessary.
- Once applications have been approved, we will assign you a room and get you a lease ready.
- We will put your assigned apartment on hold and contact you to schedule an appointment to sign the lease. Appointments should be scheduled within a few days.

#### About the application:

- Social security numbers will be used to run credit checks on Trans Union. If you have a security freeze on your credit, please be sure to lift it or provide override code.
- We are asking everyone to provide a State issued photo ID. If you are an international student we will need a copy of your passport and I20.
- Housing History: Please fill in as much as you have. . . 2 years if you have it.
- Employment History: Fill in if you have it, otherwise, student is fine.
- We do want everyone's Parent's Information
- Pick your room type and length of lease.
- Remember to include your roommate's names under co applicant.

**THE SAXONY APARTMENTS**  
**305 NORTH FRANCES STREET**  
**MADISON, WI 53703**  
**(608) 255-9353 \* FAX (608) 255-9445**  
**www.saxonyapartments.net**  
**info@saxonyapartments.net**

**RENTAL APPLICATION**

DATE \_\_\_\_\_ S.S.# \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

BIRTHDATE \_\_\_/\_\_\_/\_\_\_ MALE \_\_\_ FEMALE \_\_\_ TELEPHONE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**2 YEAR HOUSING HISTORY** (PLEASE COMPLETE 2 YEARS IN FULL – PHONE NUMBERS ARE ESSENTIAL)

START END APARTMENT NAME ADDRESS CITY STATE/ZIP

1. \_\_\_\_\_  
LANDLORD \_\_\_\_\_ PHONE: \_\_\_\_\_

2. \_\_\_\_\_  
LANDLORD \_\_\_\_\_ PHONE: \_\_\_\_\_

**EMPLOYMENT HISTORY** (PLEASE COMPLETE IF NOT STUDENT)

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ INCOME/MONTH \_\_\_\_\_

PARENTS' NAME \_\_\_\_\_

PARENTS' ADDRESS \_\_\_\_\_

STREET CITY STATE/ZIP

PHONE \_\_\_\_\_

LOCAL EMERGENCY CONTACT : \_\_\_\_\_

PHONE \_\_\_\_\_ RETATIONSHIP: \_\_\_\_\_

**TYPE OF ROOM:**

SINGLE WITH PRIVATE BATH & 2 PEOPLE SHARE KITCHEN \_\_\_M\_\_\_L SINGLE WITH PRIVATE BATH NO KITCHEN \_\_\_\_\_

1 BEDROOM \_\_\_ Interior \_\_\_ End \_\_\_ Large 2 BEDROOM Floor Plan A\_\_\_ B\_\_\_ C\_\_\_

3 BEDROOM \_\_\_\_\_ EFFICIENCY S\_\_\_ M\_\_\_ L\_\_\_

**APPLYING FOR:** ACADEMIC YR. (8/15 – 5/31) \_\_\_\_\_ 12 MONTH (8/15 – 8/12) \_\_\_\_\_

Co Applicant Names: \_\_\_\_\_

Applications should be turned in with copy of state issued ID's or copies of passports and I20's if international student. Applications will only be processed once all applicants have submitted completed applications and cosign applications if necessary. Applications will be process in order received.

**Pets:** I understand that pets are not allowed at The Saxony and I agree not to house a pet for any reason. The “no pet” policy applies to emotional support animals or therapy pets, except for animals qualifying under the Fair Housing Act and American with Disabilities Act that have been approved by the management.

**Walls:** I agree to use small nails or tacks to hang pictures. I agree not to put tape or sticky substances such as contact paper, stickers, and the like on walls, cabinets, doors, windows, or furniture. I agree not to paint any walls, furniture, appliances or fixtures. I understand that any damages caused by my doing so will be repaired at my expense.

**Smoke Detectors:** I understand that smoke detectors and carbon monoxide detectors have been installed for my safety and I agree that will not tamper with the detector in any way. I agree to inform the management when the smoke detector is not functioning properly.

**The Saxony is a Non-Smoking Building.**

**Noise:** I agree not to play a stereo, TV, musical instrument, or make loud noises as to disturb other residents of The Saxony. I also understand that I am fully responsible for the actions and noise of any guest I have at The Saxony.

**Parking:** I agree not to park my car or let my guests park their cars in The Saxony parking lot without prior authorization from management. I further understand that any unauthorized vehicle in the lot will be fined, by the Madison Police Department and/or towed for which I am fully responsible to pay. Management is not responsible for any damage to vehicles.

**Application:** I attest the information I have provided the Saxony management on this application is true and accurate to the best of my knowledge. Any false or incomplete information may result in the rejection of this application. I give Saxony Management consent to a routine inquiry of references and credit agencies concerning applicant’s character, credit worthiness and reliability. I wish to receive a written explanation of a denial of tenancy:  
YES \_\_\_\_\_ NO \_\_\_\_\_

The Saxony Apartments were constructed before 1978. Therefore we will supply you with a “LEAD PAINT DISCLOSURE PAMPHLET” with each lease.

APPLICANT’S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Copy of the above is available upon request. Original will be on file.