



Gallina Management, Inc.  
101 East Main Street, Suite 500  
Mount Horeb, WI 53572  
(608) 437-8300

### **Application Process**

Thank you so much for your interest in one of Gallina Management, Inc. quality apartment communities! Our desire is to make your housing decision as easy and comfortable as possible and we are more than happy to answer any questions you may have at any time.

If you would like to reserve one of our apartment homes, we require a completed application and a check or money order for \$100.00. This amount will allow us to reserve your apartment for you, proceed with the processing of your application and will be applied toward your security deposit.

Applications for each apartment are processed in the order in which they are received and the apartment is leased to the first qualified applicant. We have attached our New Resident Qualification Standards for your review.

All adults who will be occupying the apartment must complete an application for residency and all applicants must qualify.

For your convenience, applications will be processed as quickly as possible and take approximately 24 to 48 hours, depending on the availability of the individual references on the application, it could take longer. A standard credit history is obtained through First American Registry.

Within seven days of acceptance of your application, you will be asked to sign your lease paperwork and pay the balance of your security deposit.

Thank you again for your interest in one of Gallina Management, Inc. apartment communities. We appreciate and look forward to the opportunity to serve your housing needs.

# **Gallina Management Inc**

101 East Main Street, Suite 500 \* Mount Horeb, WI 53572 \* Phone: 608-437-8300 Fax: 608-437-8303

## **New Resident Qualification Standards**

### **INCOME**

One Adult - Gross income must meet or exceed 2.5 times the apartment rental rate.

Roommates – Each individual gross income must meet or exceed 2.5 times the apartment rental rate, OR, the combined gross income must exceed 5 times the apartment rental rate.

### **CREDIT BUREAU STANDARDS**

Applicants must receive an approved credit bureau report.

Collections and negative credit listing over four years old will not apply.

Collections and/or negative reports within the most recent four years with current delinquencies in an aggregate amount exceeding one month's rent must show proof of payment plan and timely payments for a minimum of six months, or make full restitution with written proof from creditor; or application will be denied.

Profit and Loss listings will be excluded if over two years old.

Profit and Loss listings within the most recent two years in an amount exceeding one month's rent, application will be denied.

Combination of collections and profit and loss listings in an amount exceeding one month's rent, application will be denied.

Bankruptcy within the most recent two years, application will be denied.

Collections and/or negative credit listings that are exclusively medically related will not apply.

### **Foreclosures**

If a foreclosure is initiated or completed within the most recent two (2) years and there are no other credit or residential housing issues as described in these qualification standards, applicants can be approved at the discretion of the Landlord, with a security deposit equal to one months rent of the apartment they are applying for and/or a Guarantor.

### **PREVIOUS HOUSING \***

A verifiable history of apartment rental or mortgage payments from a current landlord or previous landlord covering a minimum period of the most recent two (2) years.

Any previous eviction judgment is an automatic basis for rejection of an application.

Applicant must **not** have any of the following incidents:

1. Any rent or damage in excess of security deposit owing to a landlord.
2. Have had any unauthorized roommates or pets.
3. Pattern of late rent payments.
4. Pattern of complaints or police calls against applicant as tenant.
5. Current lease in effect without an approved sub-lease.

\* Military personnel whose previous addresses were military housing are exempt from the above requirements.

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**New Resident Qualifications**

**OCCUPANCY STANDARDS**

**Efficiency** – No more than two people

**One Bedroom** – No more than three people; not more than two of them can be unrelated adults

**Two Bedroom** – No more than four people; no more than three unrelated adults

**SECURITY DEPOSIT**

Full payment of security deposit at lease signing

**PETS**

No pets unless authorized in writing by Landlord.

**GUARANTOR(S)**

Should applicant not qualify in terms of income and/or credit history, applicant, at the discretion of the Landlord, may have the lease guaranteed by another party.

If applicant has less than 2 years of previous housing history, applicant, at the discretion of the Landlord, may have the lease guaranteed by another party.

The Guarantor must submit financial information acceptable to the Landlord and receive a credit bureau report approved by Landlord.

**CRIMINAL BACKGROUND**

Applicant may be rejected based on a conviction record of the prospective resident, or a household member only if the circumstances of the offense bear a relationship to the tenancy. This means that the offense is such that, given the nature of the housing, a reasonable person would have a justifiable fear for the safety of landlord or resident property, or for the safety of other residents or employees.



GALLINA MANAGEMENT, INC.  
101 EAST MAIN STREET, STE 500  
MOUNT HOREB, WI 53572  
PHONE: 608-437-8300

Today's Date: \_\_\_\_\_

Move-in Date: \_\_\_\_\_

**APPLICATION FOR RESIDENCY**

Thank you for applying for residency with GALLINA MANAGEMENT, INC. To ensure prompt processing of your application, please print clearly and give complete names, addresses and phone numbers where requested. Should you have any questions, please feel free to contact your leasing agent

Property Name Lesilve Apartments  
Property Address \_\_\_\_\_  
Apartment # \_\_\_\_\_  
Net Rent \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_  
Lease Term From \_\_\_\_\_ To \_\_\_\_\_

at (608) 831-8444  
FAX (608) 824-9414 Email: Lesilve@gallinacos.com

Each adult over 18 years of age must complete an application for residency. All requested information must be completed before the application will be processed.

|                          |                          |                          |              |
|--------------------------|--------------------------|--------------------------|--------------|
| <b>NAME OF APPLICANT</b> | <b>Social Security #</b> | <b>Drivers License #</b> | <b>State</b> |
| _____                    | _____                    | _____                    | _____        |

|  |                |                          |            |
|--|----------------|--------------------------|------------|
| <b>HOUSING</b>                             | <b>Address</b> | <b>City/State</b>        | <b>Zip</b> |
| Current Address _____                      | _____          | _____                    | _____      |
| Current phone # (____) _____               |                | Current Rent \$ _____    |            |
| Dates at this address: From _____ To _____ |                | Landlord's Name _____    |            |
| Landlord's Address _____                   |                | Landlord's Phone # _____ |            |

|  |  |                          |  |
|--|--|--------------------------|--|
| Previous Address _____                     |  | Landlord's Name _____    |  |
| Dates at this address: From _____ To _____ |  | Landlord's Phone # _____ |  |
| Landlord's Address _____                   |  |                          |  |

**INCOME**

|                           |                                      |
|---------------------------|--------------------------------------|
| Source of Income _____    | Address _____                        |
| Contact's Name _____      | Contact's Phone # _____              |
| Hours per week: _____     | Dates: From _____ To _____           |
| Permanent Position? _____ | <b>GROSS MONTHLY INCOME \$</b> _____ |

**OTHER SOURCE OF INCOME**

|                           |                                      |
|---------------------------|--------------------------------------|
| Source of Income _____    | Address _____                        |
| Contact's Name _____      | Contact's Phone # _____              |
| Hours per week: _____     | Dates: From _____ To _____           |
| Permanent Position? _____ | <b>GROSS MONTHLY INCOME \$</b> _____ |

**NAMES OF PERSONS TO OCCUPY APARTMENT** (applicant should be #1):

|          |                    |                 |                    |
|----------|--------------------|-----------------|--------------------|
| 1. _____ | Relationship _____ | Applicant _____ | Over 18 Years Old? |
| 2. _____ | Relationship _____ |                 | Yes No             |
| 3. _____ | Relationship _____ |                 | Yes No             |
| 4. _____ | Relationship _____ |                 | Yes No             |
| 5. _____ | Relationship _____ |                 | Yes No             |
| 6. _____ | Relationship _____ |                 | Yes No             |

**APPLICANT'S VEHICLE(S)**

|            |            |                |             |
|------------|------------|----------------|-------------|
| Make _____ | Year _____ | License# _____ | State _____ |
| Make _____ | Year _____ | License# _____ | State _____ |

**MISCELLANEOUS**

|                                 |     |    |                       |     |    |
|---------------------------------|-----|----|-----------------------|-----|----|
| Do you have renter's insurance? | Yes | No | Do you have any pets? | Yes | No |
|---------------------------------|-----|----|-----------------------|-----|----|

**EMERGENCY CONTACT:**

|               |                    |
|---------------|--------------------|
| Name _____    | Phone Number _____ |
| Address _____ |                    |

**NOTE:** Falsification of any information will be cause for denying this application.

Receipt in the sum of \$ \_\_\_\_\_ is hereby acknowledged. This deposit is to be returned to the undersigned if the application is not accepted. If accepted, this sum will be applied to the security deposit.

At the time the lease is signed, the applicant agrees to pay the balance of the security deposit. If the applicant refuses to sign the lease after the application has been accepted, actual charges incurred, (with a minimum charge of \$25.00), including but not limited to, loss of rent, will be deducted from the deposit and the balance (if any) refunded.

The Fair Credit Reporting Act requires that we notify you that as a part of our normal procedure, a routine inquiry will be made. This inquiry will provide applicable information concerning character, general reputation, personal characteristics and mode of living and may include a Credit Bureau Report. Upon written request by applicant, information as to the nature and scope of the report, if one is made, will be provided. Do you wish to receive a list of reasons for denial in writing? Yes\_\_\_\_ No\_\_\_\_

Within seven (7) days after the start of the tenancy, tenant may request, in writing, that landlord provide tenant with a list of physical damages or defects, if any, charged to the previous tenant's security deposit.

The undersigned agree(s) that the landlord shall have up to twenty-one (21) calendar days from acceptance of the earnest money deposit within which to approve or deny the rental application.

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

GM, Inc. Agent \_\_\_\_\_ Date \_\_\_\_\_

|  |                     |            |
|--|---------------------|------------|
| Credit Bureau Report Run                             | Accepted / Rejected | Date _____ |
| AASCW Screening Inquiry                              | Accepted / Rejected | Date _____ |
| Application Accepted _____                           |                     | Date _____ |
| Application Rejected _____                           |                     | Date _____ |
| Application not processed because _____              |                     |            |
| Applicant notified of acceptance / rejected by _____ |                     | Date _____ |

## LANDLORD DISCLOSURES AND REQUIREMENTS

Items one through ten are required of a landlord/agent by the State of Wisconsin and all items are required by the City of Madison prior to entering into a rental agreement with a tenant and/or prior to accepting earnest money or a security deposit. Other governmental jurisdiction may have additional laws that apply.

### TENANT/APPLICANT ACKNOWLEDGES HAVING BEEN ADVISED:

1. A receipt for money collected has been given to tenant.
2. That copies of the proposed lease and the community policies of the landlord have been made available to the tenant for inspection.
3. Of the name and address of the person authorized to receive rent, manage and maintain the premises who can readily be contacted and an owner or agent with an address within the state authorized to receive and receipt for notices and demands and at which service of process can be made in person.
4. Tenant has seven days after the beginning of tenancy to inspect the dwelling unit and notify landlord of any damages or defects existing prior to the beginning of tenancy.
5. Of utility charges not included in the rent.
6. Of the following uncorrected building and housing code violations, for which the landlord has received notice from code enforcement authorities and which affect the entire premises (in the City of Madison) or, only the dwelling unit and common areas (State of Wisconsin): \_\_\_\_\_
7. That the premises contains the following conditions adversely affecting habitability:  
\_\_\_\_\_  
\_\_\_\_\_
8. Pursuant to the terms of the Wisconsin approved lease forms the landlord is required to give the tenant a description of any physical damages charged to the previous tenant's earnest money deposit. Due to the large volume of paper work and expense involved with complying with this, it is hereby agreed this information will be supplied upon the Tenant's request.
9. Landlord promises to repair, clean, or improve the premises as follows by the completion dates noted:  
\_\_\_\_\_  
\_\_\_\_\_
10. Security deposits may be withheld only for Tenant damage, waste or neglect of the premises or the non-payment of rent, utility services for which the Landlord becomes liable and under other reasons specifically and separately negotiated and agreed to by the Tenant in writing other than in form provision.

### THE FOLLOWING DISCLOSURES APPLY TO THE CITY OF MADISON ONLY

11. That a copy of notice of eligibility for rent abatement, if any, which affects the rental unit or common areas has been provided to the Tenant.
12. That the occupancy limit imposed upon the dwelling unit by 27.06 of the City of Madison General Ordinance is \_\_\_\_\_, however, occupancy is restricted to those persons named in the application and rental agreement.
13. That the definition of a "family" pursuant to 28.03(2). Madison General Ordinances, is as follows: "A family is an individual or two or more persons related by blood, marriage, or legal adoption living together as a single housekeeping unit in a dwelling unit, including foster children, and not more than four (4) roomers except that the terms "family" shall not in R1, R2, R3 and R4L residence districts include more than one roomer except where such unit is owner occupied. For the purpose of this section, 'children' means natural children, grandchildren, legally adopted children, stepchildren, foster children, or a ward as determined in a legal guardianship proceeding. Up to two (2) personal attendants who provide services for family members or roomers who, because of advance age of a physical or mental disability, need assistance with activities or daily living shall be considered part of the 'family'. Such services may include personal care, housekeeping, meal preparation, laundry or companionship."
14. That the zoning district in which the dwelling unit is located is \_\_\_\_\_
15. That the off-street parking requirements of the dwelling unit pursuant to 28.11 Madison Ordinances is \_\_\_\_\_ except in the "central area" as per section 28.07 (1) (g) of the Madison Ordinances.
16. Disclosure of applicants Social Security Number (SSN) is voluntary, and housing may not be denied solely on the applicants decision to withhold their SSN.

I have read and understand the above disclosures and requirements:

\_\_\_\_\_  
Tenant Date

\_\_\_\_\_  
Tenant Date

**Gallina Management, Inc.**

101 East Main Street, Suite 500, Mt. Horeb, Wisconsin 53572 Phone: 608-437-8300 Fax: 608-437-8303

**Request for Income Verification**

Date: \_\_\_\_\_

Name of Employee  
for reference \_\_\_\_\_

Employer for Reference: \_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

\_\_\_\_\_ has applied to lease an apartment at \_\_\_\_\_  
Apartments and you were listed as his/her employer.

We would greatly appreciate your time in sharing any information concerning the employee that you have on file. Please note below that the employee has given permission for you to release this information. Please complete the applicable information in the space provided below and return this information in the self-addressed, stamped envelope provided or you may fax it to us at (608)\_\_\_\_\_.

We would appreciate your prompt reply as soon as possible, as we cannot accept or deny the application until all pertinent verifications are returned.

Thank you in advance for your help in this matter.

Sincerely,

Manager

I hereby authorize the release of information regarding my wages, overtime, bonuses, commissions or other forms of compensation on a regular basis:

\_\_\_\_\_  
Signature Date

To be completed by employer

-----  
Employee Name: \_\_\_\_\_

Employee Position: \_\_\_\_\_

Full or Part Time Permanent or Temporary position  
(circle one) (circle one)

Dates of Employment start \_\_\_\_\_ to \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Other income \_\_\_\_\_  
Type Amount

I hereby certify that the above information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title Phone

# Gallina Management, Inc.

101 East Main Street, Mt. Horeb, Wisconsin 53572 Phone: 608-437-8300 Fax: 608-437-8303

## Request for Housing Reference

Date: \_\_\_\_\_

Name(s) of Applicant(s)  
for reference \_\_\_\_\_

Address for Reference: \_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

\_\_\_\_\_ has applied to lease an apartment at \_\_\_\_\_  
Apartments and you were given as a previous landlord reference.

We would greatly appreciate your time in sharing any information concerning the applicant(s) which you may have on file. Please note below that the applicant has given permission for you to release this information. Please complete the applicable information in the space provided below and return this information in the self-addressed, stamped envelope provided or you may fax it to us at (608)\_\_\_\_\_.

We would appreciate your reply as soon as possible, as we cannot accept or deny the application until all pertinent verifications are returned.

Thank you in advance for your help in this matter.

Sincerely,

Manager

I hereby authorize the release of housing reference information for verification:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Applicants Name(s): \_\_\_\_\_

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

Dates of Residency: From: \_\_\_\_\_ to \_\_\_\_\_

Monthly Rental Amount: \$ \_\_\_\_\_

Lease Fulfilled: Yes \_\_\_\_\_ No \_\_\_\_\_

Proper Notice Given: Yes \_\_\_\_\_ No \_\_\_\_\_

Pay Record: \_\_\_\_\_

Any NSF's?: Yes \_\_\_\_\_ No \_\_\_\_\_

Any Pets?: Yes \_\_\_\_\_ No \_\_\_\_\_

Any lease violations?: Yes \_\_\_\_\_ No \_\_\_\_\_

If Lease Violations, please elaborate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you rent to them again?: Yes \_\_\_\_\_ No \_\_\_\_\_

Verifier's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_



Gallina Management Inc.
101 East Main Street Suite 500
Mt. Horeb, WI 53572

Criminal Background Check

Effective September 20, 2007 Gallina Management, Inc. will conduct criminal background checks on all adult prospective residents. In order to accomplish this, it is necessary to obtain the date of birth of all adult applicants. The date of birth will only be used for the purpose of a criminal background check. Please include any former names that you may have been known by as well (i.e. maiden name, married name).

Apartment Applied For:

Property Name Building Address/Apartment #

Please Provide Your Date of Birth: (month) (day) (year)

Applicant Full Legal Name (Please Print): First Middle Last

Previous Names Applicant Known By (i.e. maiden/married): (please print)

Signature Date:

Please Provide Your Date of Birth: (month) (day) (year)

Applicant Full Legal Name (Please Print): First Middle Last

Previous Names Applicant Known By (i.e. maiden/married): (please print)

Signature Date: