



DOLPHIN SQUARE, LLC

PARKING # _____

PERMIT NO.: _____

MANAGER: _____

TEL: (414) 476-8642

10300 W. BLUEMOUND RD.

WAUWATOSA, WI 53226

OWNER: DOLPHIN SQUARE, LLC

TEL: (414) 443-1873

RENTAL APPLICATION: (All banks must be filled, PLEASE.)

APPLICATION DATE: _____

OCCUPANCY DATE: _____ UNIT ADDRESS: 10300 W. BLUEMOUND RD. APT.# _____ RENT: \$ _____ SECURITY: \$ _____

PLEASE **PRINT** NAMES OF **ALL** PERSONS WHO WILL OCCUPY THE APARTMENT IF APPLICATION IS ACCEPTED:

Please do not fill out social security numbers online.

1. _____ D.O.B. ____/____/____ SOC. SEC NO.: _____ DO YOU SMOKE? _____

2. _____ D.O.B. ____/____/____ SOC. SEC NO.: _____ DO YOU SMOKE? _____

3. _____ D.O.B. ____/____/____ SOC. SEC NO.: _____ DO YOU SMOKE? _____

4. _____ D.O.B. ____/____/____ SOC. SEC NO.: _____ DO YOU SMOKE? _____

CURRENT ADDRESS: _____ ZIP CODE: _____ HOW LONG? _____

CURRENT LANDLORD: _____ PHONE: _____ ADDRESS: _____

REASON FOR MOVING: _____

EMPLOYER (#1 ABOVE) _____ PHONE: _____ SINCE: _____ MONTHLY NET: _____

EMPLOYER (#2 ABOVE) _____ PHONE: _____ SINCE: _____ MONTHLY NET: _____

APPLICANT'S CURRENT PHONE (#1): _____ (#2): _____ OFFICE: (#1): _____ (#2): _____

CAR(S), YEARS & MAKE (#1): _____ LICENSE: _____ (#2): _____ LICENSE: _____

CLOSET FRIEND OR RELATIVE: _____ PHONE: _____ ADDRESS: _____

AGREEMENT AND LEASE: THE UNDERSIGNED APPLICANT(S) AGREE(S) TO THE FOLLOWING TERMS, AND ACKNOWLEDGE(S) RECEIPT OF A COPY OF THIS AGREEMENT AND LEASE, AND THE FOLLOWING LEAD WARNING, AND AN EPA LEAD PROTECTION PAMPHLET.

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. To renters of pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. LESSORS HAS NO KNOWLEDGE OR LEAD BASED PAINT OR ANY LEAD OR ASBESTOS HAZARDS AT DOLPHIN SQUARE.

1. RENT CHECKS, PAYABLE TO DOLPHIN SQUARE, LLC, ARE TO BE RECEIVED BY OWNER OR MANAGER ON OR BEFORE THE FIRST DAY OF EACH MONTH. LATE RENTS WILL INCUR A PENALTY OF \$10.00 PER DAY.
2. NO PETS EXCEPT CAGED BIRDS OR FISH ARE PERMITTED AT ANY TIME.
3. APPLICANT WILL BE RESPONSIBLE FOR KNOWING AND CONFORMING TO ALL WISCONSIN LAWS GOVERNING RESIDENTIAL RENTALS.
4. SECURITY DEPOSIT MAY BE RETAINED BY OWNER FOR LOSSES RESULTING FROM TENANT ACT OR OMISSION, INCLUDING, BUT NOT LIMITED TO DIRT, DAMAGE, WASTE, NUISANCE, UNPAID RENT, AND FAILURE TO PERMIT VIEWING OF CLEAN AND ORDERLY PREMISES BY PROSPECTIVE TENANTS.
5. IT IS UNDERSTOOD AND AGREED THAT OWNER OR HIS AGENT MAY ENTER THE PREMISES IN THE TENANT'S ABSENCE, WITH ADVANCE NOTICE EXCEPT IN EMERGENCIES, TO MAKE REPAIRS OR ALTERATIONS OR SHOW THE APARTMENT.
6. TENANTS SHALL MAKE NO ALTERATIONS, OR APPLY PAINT, WALLPAPER, TAPE OR GLUE, WITHOUT OWNER'S PERMISSION.
7. DEPOSITS WILL BE REFUNDED AFTER RECEIPT OF ALL KEYS AND GARAGE TRANSMITTER IF UNIT IS VACATED CLEAN AND UNDAMAGED, RANGE, REFRIGERATOR, CUPBOARDS, LAVATORY, TOILET, BATHTUB, TUB WALLS, AND ALL FLOORS MUST BE CLEAN.
8. APPLICANT AGREES THAT SECURITY DEPOSIT MAY NOT BE USED AS LAST MONTH'S RENT.
9. APPLICANT AGREES TO CARRY RENTER'S INSURANCE COVERING LOSS TO HIS PERSONAL PROPERTY.
10. THE APARTMENT MAY NOT BE SUBLET WITHOUT THE OWNER'S WRITTEN CONSENT.
11. TENANTS ARE NOT TO POST SIGNS IN WINDOWS OR OTHERWISE VISIBLE OUTSIDE THEIR APARTMENTS.
12. GAS FOR HEAT AND COOKING, AND HOT AND COLD WATER IS PAID BY THE OWNER. TENANTS PAY DIRECTLY FOR ELECTRICITY, AND MUST CONTACT WISCONSIN ELECTRIC (1-800-242-9137) PRIOR TO OCCUPANCY. WINDOWS MUST BE KEPT TIGHTLY CLOSED DURING THE HEATING SEASON.
13. TENANTS ARE RESPONSIBLE FOR KEEPING DRAINS CLEAR, AND WILL PAY FOR CLEARING BLOCKED DRAINS.
14. TENANTS WILL BE RESPONSIBLE FOR LOSS OR DAMAGE CAUSED BY FAILURE TO PROMPTLY REPORT WATER LEAKS OR DRIPS, IN WRITING, TO OWNER.
15. I (WE) AUTHORIZE REFERENCE CHECKS. APPLICATION MAY BE REFUSED FOR ANY LAWFUL REASONS.
16. I (WE) UNDERSTAND THAT ANY DISTURBANCE OF OTHER TENANTS CAUSED BY US OR OUR GUEST WILL CONSTITUTE A BREACH OF THIS AGREEMENT.
17. OCCUPANCY BY PERSONS OTHER THAN THOSE NAMED ON THIS APPLICATION/AGREEMENT WILL CONSTITUTE A BREACH OF CONTRACT.
18. I (WE) WILL NOT USE ANY SMOKING MATERIALS WITHIN THIS BUILDING, NOR ALLOW GUESTS TO DO SO.
19. I (WE) HEREBY AGREE TO LEASE THE ABOVE PREMISES FOR A PERIOD OF _____, FROM _____ TO _____
20. IF I (WE) DECIDE TO TERMINATE OUR TENANCY AT THE END OF THIS LEASE, WE WILL GIVE NOTICE IN WRITING AT LEAST 28 DAYS PRIOR TO THE LAST DAY OF THE LEASE. WITHOUT SUCH NOTICE, THIS SHALL BECOME A MONTH-TO-MONTH TENANCY AS DEFINED BY WISCONSIN STATUTES.

APPLICANT'S SIGNATURE: _____ CO-APPLICANT: _____

OWNER'S SIGNATURE: _____ DATE: _____