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| Owner: ABAH QUALITY LLC  Address: 125 N Hancock Street  Madison, WI 53703  Phone: (757) 319-9929  Fax: (608) 262-5974  Email: [kababah@hotmail.com](%22mailto:) |  |

**APPLICATION PROCEDURE**

Please fill out the application completely and accurately. Application must be completed in full. Denial may be based on an incomplete application. Complete your current and prior landlord information and two-year employment history, including names and telephone numbers. A credit check will be conducted on your application. Poor credit does not always result in application disapproval, however it may be a factor used in processing an application, and may be grounds for disapproval. Social Security number disclosure is voluntary and your application will not be denied on the basis that it is not provided, but if a credit check cannot be preformed because of an omitted Social Security number, it may be grounds for disapproval.

Please list all sources of income. Applicants must demonstrate an ability to pay the monthly rent. Employment references may be checked to verify income. If an applicant receives an income subsidy, the applicant must provide verification when turning in the completed application. If an applicant has a payee or other contact person at a specific agency, please provide their name and telephone number. If an applicant does not demonstrate the ability to pay the monthly rent, a co-signer may be required to guarantee the financial obligations of the lease.

A rental history check may be conducted on your application. Applicants are required to have at least two years of satisfactory housing history. Satisfactory housing history does not include time residing in student dormitories, or residing with parents or relatives. Applicants with less than two years of housing history may be required to obtain a co-signer to guarantee the financial obligations of the lease. If an applicant owes money to another landlord, the money must be paid in full before the application will be processed. ABAH QUALITY, LLC. rents to applicants in the order that their applications are approved. Application processing may take up to 48 hours. We will contact you after your application has been processed. We provide copies of the lease agreement and lease rules upon request.

**Application Delivery**

Applications may be mailed, faxed, or scanned and emailed. Please call to let us know you have submitted your application. If you wish to drop your application off, please call for a street address.

**. UNIT INFORMATION ..**

The undersigned hereby makes application to rent:

Unit Number: 1 Lease Term: 1year Earnest Money: 0.00

Monthly Rent: $500 Security Dep: $250 Credit Chk Fee: $25.00 each

(Checks payable to KABA BAH)

(Gets credited to first month rent).

**. HOUSEHOLD INFORMATION .**

Complete the following information for each household member that will occupy the unit at the time of move-in and throughout the term of the lease. **APPLICATION MUST BE COMPLETED IN FULL. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL.**

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| **NAME**  **First, MI, Last** | **M/F** | **Social Security Number (\***may proved separately if preferred**)** | **Drivers License Number** | **Birth date:**  **Mo/Day/Year** |
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Where can you be reached?

Tenant #1: Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone:\_\_\_\_\_\_\_\_\_\_\_

Tenant #2: Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone:\_\_\_\_\_\_\_\_\_\_\_

Tenant #3: Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone:\_\_\_\_\_\_\_\_\_\_\_

Tenant #4: Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone:\_\_\_\_\_\_\_\_\_\_\_

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| **Yes** | **No** |  |
|  |  | 1. Do you expect any additions to the household within the next 12 months? If so, name and relationship |
|  |  | 2. Have you, or any other person named on this application, ever been convicted of a crime related to disturbance of neighbors, destruction of property, drug-related crimes or violence to persons or property? If yes, attach explanation. |
|  |  | 3. Do you anticipate having any pets? Explain |
|  |  | 4. Do you owe past due rent or other monetary obligation to your current or previous landlord? If yes, explain |
|  |  | 5. Have you ever refused to pay rent when due? If yes, attach explanation. |
|  |  | 6. Have you ever been evicted or asked to leave? If yes, attach explanation. |

**. EMERGENCY CONTACT .**

**.**

**Tenant 01:**

Current Address Rent Amt:

Landlord From (date) :

Phone: Fax: To (date) \_\_\_\_\_\_\_\_

Previous Address Rent Amt:

Landlord From (date):

Phone: Fax: To (date): \_\_\_\_\_\_\_\_\_

Employer: Gross Monthly Income:

Address: From (date) :

Phone: Supervisor: To (date):

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| **Driver** | **Make/Model/Year** | **Color** | **Plate Number** |
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Add Additional Employers on a Separate Sheet if Applicable

Will you be receiving any other income that you want considered with this application (e.g. SSI, Social Security, public assistance, W-2, alimony, child support, savings, trust funds, scholarships, or any other type of income)? If so, please provide the following information and attach verification.

Source of Income:

Contact Person's Name: Amount of Income:

Address: Phone:

Self Employed Applicants will need to provide proof of income such as tax returns, business licenses, bank records and /or vendor names to verify income.

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| **APPLICANT CREDIT REFERENCES** | **Have you ever filed for Bankruptcy? Yes / No (circle)** | |
| **Name of Reference** | **Address/Phone** | **Type of Credit**  **(Chk,Sav, Card)** |
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**. SIGNATURE CLAUSE**

The purpose of this application is to determine if I qualify as a tenant. If my application is approved, the Landlord and I shall sign a written lease or rental agreement. The Landlord and I have no rental agreement until the time that the lease or written renal agreement is signed.

I have paid the earnest money deposit and credit report fee indicated on this application. The earnest money deposit will be applied to my security deposit or my first month's rent if the Landlord enters into a lease or rental agreement with me. If this application is approved, and I fail to enter into a lease or rental agreement, the earnest money and any subsequent payments may be retained to compensate the Landlord's costs and damages, subject to the Landlord's duty to mitigate. The earnest money and any subsequent payments will be refunded to me by the end of the next business day if: (1) this application is rejected, or withdrawn before approval; or (2) if the Landlord takes no action on this application by the end of the 21st day following the Landlord's receipt of the earnest money. The credit report fee is nonrefundable.

I hereby authorize the Landlord and Manager to investigate my credit and financial responsibility, income, rental and eviction history, and the statements made in this application, and to obtain a consumer credit report on me from a consumer-reporting agency that compiles and maintains files on consumers on a nationwide basis. My performance under any lease or rental agreement that I may enter into with the Landlord may be reported to such reporting agency.

I acknowledge that the Manager and the agents and employees thereof represent the interests of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

I was given the opportunity to review a sample lease or rental agreement, and the Landlord's rules and regulations. I warrant and represent that I am at least 18 years of age and that all statements herein are true and correct, to the best of my knowledge.

Notice: You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the Internet at <http://www.widocoffenders.org> or by phone at 877-234-0085.

Signature of Applicant(s) Date

**Tenant 02:**

Current Address Rent Amt:

Landlord From (date) :

Phone: Fax: To (date) \_\_\_\_\_\_\_\_

Previous Address Rent Amt:

Landlord From (date):

Phone: Fax: To (date): \_\_\_\_\_\_\_\_\_

Employer: Gross Monthly Income:

Address: From (date) :

Phone: Supervisor: To (date):

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| **Driver** | **Make/Model/Year** | **Color** | **Plate Number** |
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Add Additional Employers on a Separate Sheet if Applicable

Will you be receiving any other income that you want considered with this application (e.g. SSI, Social Security, public assistance, W-2, alimony, child support, savings, trust funds, scholarships, or any other type of income)? If so, please provide the following information and attach verification.

Source of Income:

Contact Person's Name: Amount of Income:

Address: Phone:

Self Employed Applicants will need to provide proof of income such as tax returns, business licenses, bank records and /or vendor names to verify income.

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| **APPLICANT CREDIT REFERENCES** | **Have you ever filed for Bankruptcy? Yes / No (circle)** | |
| **Name of Reference** | **Address/Phone** | **Type of Credit**  **(Chk,Sav, Card)** |
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Signature of Applicant(s) Date

**Tenant 03:**

Current Address Rent Amt:

Landlord From (date) :

Phone: Fax: To (date) \_\_\_\_\_\_\_\_

Previous Address Rent Amt:

Landlord From (date):

Phone: Fax: To (date): \_\_\_\_\_\_\_\_\_

Employer: Gross Monthly Income:

Address: From (date) :

Phone: Supervisor: To (date):

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| **Driver** | **Make/Model/Year** | **Color** | **Plate Number** |
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Add Additional Employers on a Separate Sheet if Applicable

Will you be receiving any other income that you want considered with this application (e.g. SSI, Social Security, public assistance, W-2, alimony, child support, savings, trust funds, scholarships, or any other type of income)? If so, please provide the following information and attach verification.

Source of Income:

Contact Person's Name: Amount of Income:

Address: Phone:

Self Employed Applicants will need to provide proof of income such as tax returns, business licenses, bank records and /or vendor names to verify income.

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| **APPLICANT CREDIT REFERENCES** | **Have you ever filed for Bankruptcy? Yes / No (circle)** | |
| **Name of Reference** | **Address/Phone** | **Type of Credit**  **(Chk,Sav, Card)** |
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Signature of Applicant(s) Date

**Tenant 04:**

Current Address Rent Amt:

Landlord From (date) :

Phone: Fax: To (date) \_\_\_\_\_\_\_\_

Previous Address Rent Amt:

Landlord From (date):

Phone: Fax: To (date): \_\_\_\_\_\_\_\_\_

Employer: Gross Monthly Income:

Address: From (date) :

Phone: Supervisor: To (date):

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| --- | --- | --- | --- |
| **Driver** | **Make/Model/Year** | **Color** | **Plate Number** |
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Add Additional Employers on a Separate Sheet if Applicable

Will you be receiving any other income that you want considered with this application (e.g. SSI, Social Security, public assistance, W-2, alimony, child support, savings, trust funds, scholarships, or any other type of income)? If so, please provide the following information and attach verification.

Source of Income:

Contact Person's Name: Amount of Income:

Address: Phone:

Self Employed Applicants will need to provide proof of income such as tax returns, business licenses, bank records and /or vendor names to verify income.

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| **APPLICANT CREDIT REFERENCES** | **Have you ever filed for Bankruptcy? Yes / No (circle)** | |
| **Name of Reference** | **Address/Phone** | **Type of Credit**  **(Chk,Sav, Card)** |
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Signature of Applicant(s) Date

FOR OFFICE USE ONLY. Date Received Accepted

Denied

Income : Credit Report :

Evictions : Rental History : Notified Date:

Other: : Reference Check :