



**URBAN PROPERTIES**  
 2020 Eastwood Dr.  
 Madison, WI 53704  
 608.233.6000

## Rental Application

Property Name:	Apt. #:	Move-In Date:	Lease End Date:
How did you hear about us?		Rent Amount: See Attached PUP Form ****	
Were you referred by a current resident?			
<b>Applicant Information</b>			
Name:			
Date of birth:	SSN:	Phone:	
Email:	Driver's License No./State Issued:		
List all names and ages of occupants who will be living with you:			
Do you or any members of your household own a pet now or intend to?      Yes      No			
If yes, please provide details (breed, weight, name)			
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:	How long?	
Management Company/Landlord:	Phone/Email:	Fax:	
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:	How long?	
Management Company/Landlord:	Phone/Email:	Fax:	
<b>Employment Information</b>			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	
<b>Other Sources of Income (include all sources of income you want to be considered in this application)</b>			
Source:			Gross Monthly Income
Source:			Gross Monthly Income
<b>Emergency Contact</b>			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
<b>Vehicle/Parking Information</b>			
Do you own a vehicle?    Yes    No	License Plate No. & State Issued:		
Make:	Model:	Color:	
Do you want parking (If available. Price varies per property)**?    Yes    No      Do you want a second parking space?    Yes    No			
Do you want storage (If available. Price varies per property.)*?    Yes    No			



