SCHULHOF PROPERTY MANAGEMENT LLC

www.schulhofproperties.com

711 North 16th Street, Suite 807, Milwaukee, WI 53233-2138 Phone: 414-933-1211 Fax: 414-933-1205

APPLICATION FOR NEW TENANTS

This application must be filled out COMPLETELY or it can be rejected. If two or more people will be occupying an apartment, each person must complete an application. The undersigned hereby acknowledges that this application is subject to the approval of William S. Schulhof, James B. Schulhof, or their agents, and that no tenancy is created until such approval has been obtained, although such approval need not be in writing. At Lessor's discretion, specific qualifications and/or requirements may be established for specific apartment buildings; we reserve the right to reject applicants who do not meet these requirements.

RENTAL PROPERTY: _____ APT. NO.: _____

DATE OF OCCUPANCY: _____ PRESENT PHONE: _____

NAME: _____ SOCIAL SECURITY NO. _____

PRESENT ADDRESS: _____

PRESENT LANDLORD: NAME: _____

ADDRESS: _____ PHONE: _____

LENGTH OF RESIDENCE: _____ REASON FOR MOVING: _____

EMPLOYER: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

INCOME: _____/ HR. MO. YR. (circle one) LENGTH OF EMPLOYMENT: _____

BIRTH DATE: _____

AUTO MODEL: _____ COLOR: _____ AUTO LICENSE NO.: _____

DRIVER'S LICENSE NUMBER: _____

CREDIT REFERENCES: (2)

CREDIT CARD: _____ BANK: _____

ACCOUNT NO.: _____ ADDRESS: _____

EXPIRATION DATE: _____ TELEPHONE NO.: _____

RELATIVES TO BE NOTIFIED IN AN EMERGENCY: (2)

NAME: _____ NAME: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

ADDRESS: _____ ADDRESS: _____

_____ _____

PHONE: _____ PHONE: _____

NAMES OF PEOPLE WHOM WILL RESIDE IN APARTMENT:

_____ _____ _____

We specifically understand and agree that:

(1) The Security Deposit may not be used as last month's rent.

(2) The Security Deposit made will be forfeited by the Applicant(s) if the Applicant(s) decline(s) to take possession of the premises.

(3) The Security Deposit will be returned to the Applicant(s) if the application is rejected.

(4) The Security Deposit will be returned to Applicant(s) upon written request after the lease expires and the apartment is vacated, provided all rent and utility payments are current and the apartment is left in a clean and undamaged condition.

(5) Upon lease signing, the Applicant may be asked for last month's rent. _____

IF LESSEE FAILS TO COMPLETE LEASE AND/OR OCCUPY THE APARTMENT, THE DEPOSIT HEREWITH SHALL BE FORFEITED AND SHALL NOT BE CONSTITUTED AS LIQUIDATED DAMAGES.

We hereby attest that we have read and understand the terms of this application.

Signing this application authorizes William S. Schulhof, James B. Schulhof and/or their agents to verify any or all of the information contained herein. Lessor will be held harmless due to any loss or damage in connection herewith.

_____ _____

Date Amount of Deposit Signature of Applicant