



Applicant Name: _____

Market Rate – Non-Subsidized Application

**Check the apartment complex(s) you are applying for.
(You must check at least one property)**

LA CROSSE WISCONSIN PROPERTIES	LA CRESCENT MINNESOTA PROPERTIES
CJC PROPERTIES 1012 Grove St. 1014 Grove St. 1211 S. 4 th St.	BUCHMAN PROPERTIES 65 Cornforth 1 Bedroom 2 Bedroom 910 Redwood East 1 Bedroom 2 Bedroom 913 Redwood West 1 Bedroom 2 Bedroom
WISCONSIN PROPERTIES	
PIONEER APARTMENTS 612 S. 2 nd St., Luck, WI	
KEN VIEW MANOR I & II 412 Spring Street, Kendall, WI	PEDRETTI PROPERTIES 700 S. 11 th St.

Properties Managed by:
ALLEGIANT PROPERTY MANAGEMENT, LLC
412 S 3rd Street
La Crescent, MN 55947
608-784-1381 or 888-393-3282

1. _____

Last Name, First Name, Middle Initial	Social Security #	Date of Birth	Sex
Current Address		City	State
(_____)	(_____)	(_____)	Zip
Home Phone #	Cell Phone #	Work Phone #	
Length lived at current address (_____/_____/_____) to (_____/_____/_____)			

2. _____ / _____ / _____ / _____

Monthly Rent	Utilities responsible for	Average utilities per month	# bedrooms
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List all other persons who will be occupying the apartment

3. _____ / _____ / _____ / _____ / _____

Last Name, First Name, Middle Initial	Relationship	Social Security #	Date of Birth	Sex
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Last Name, First Name, Middle Initial	Relationship	Social Security #	Date of Birth	Sex
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Last Name, First Name, Middle Initial	Relationship	Social Security #	Date of Birth	Sex
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Last Name, First Name, Middle Initial	Relationship	Social Security #	Date of Birth	Sex
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Last Name, First Name, Middle Initial	Relationship	Social Security #	Date of Birth	Sex
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

4. Do you have an email address? Yes No

Email Address: _____

By providing the e-mail address, you are accepting electronic receipt of electronic documents and you agree to keep management updated with any email address changes.

5. Is current rent based on income? Yes No

6. Is lease in your name only? Yes No

If no, list other person(s) on lease: _____

7. Are you being evicted? Yes No

If yes, explain: _____

8. Have you been asked to move? Yes No

If yes, explain: _____

Dates of RENTAL HISTORY must be last 3 consecutive years

9. a. _____ / _____ / _____ / _____ / _____ / _____

Current Landlord Name	Address	City	State	Zip
(_____)	_____	_____	_____	_____
Current Landlord Phone number				

b. _____ / _____ / _____ / _____ / _____

Previous Rental Address	City	State	Zip
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(_____) Length lived at this address (_____/_____/_____) to (_____/_____/_____)
Previous Landlord Phone Number

Reason for moving: _____

c. _____ / _____ / _____ / _____ / _____
Previous Rental Address City State Zip

_____ / _____ / _____ / _____ / _____
Previous Landlord Name Address City State Zip

(_____) Length lived at this address (_____/_____/_____) to (_____/_____/_____)
Landlord Phone number

Reason for moving: _____

d. _____ / _____ / _____ / _____ / _____
Previous Rental Address City State Zip

_____ / _____ / _____ / _____ / _____
Previous Landlord Name Address City State Zip

(_____) Length lived at this address (_____/_____/_____) to (_____/_____/_____)
Landlord Phone number

Reason for moving: _____

e. _____ / _____ / _____ / _____ / _____
Previous Rental Address City State Zip

_____ / _____ / _____ / _____ / _____
Previous Landlord Name Address City State Zip

(_____) Length lived at this address (_____/_____/_____) to (_____/_____/_____)
Landlord Phone number

Reason for moving: _____

10. Have you ever been evicted? **Yes** **No**
If yes, explain: _____

11. List the states that you have lived in for the past 10 years. _____

12. Have you ever willfully or intentionally refused to pay rent when due? **Yes** **No**
If yes, explain: _____

13. Have you or any member of your household been convicted of any criminal activity?
criminal activity? **Yes** **No**
If yes, explain: _____

14. Are you or any member a registered sex offender in any state? **Yes** **No**
If yes, what state? _____

15. Are you or any member of your household a current abuser of any illegal or controlled
substance? **Yes** **No**

16. Have you or any member of your household been convicted of the manufacture or distribution of any
illegal substance? **Yes** **No**

17. Do you currently have a pet? **Yes** **No** If yes, describe: _____

18. How did you find out about the apartments? _____

19. ASSETS & EARNED INCOME

List full-time and part-time employment for ALL household members. Include: wages, overtime, bonuses, commissions, tips, self-employment income.

Member's Name	Employer (Name)	Address/Phone #	Hrs/week	Gross Earnings week/month

20. SOURCES OF INCOME

Also included in the total anticipated gross income is other income which includes, but is not limited to: alimony, child support, Social Security/SSI, workers comp, severance pay, unemployment compensation, or regular and special pay and allowances of member of the Armed Forces

Household Member's Name	Type of Income	Amount

21. PERSONAL REFERENCES - List at least three personal references that you have known for at least one year that are not relatives

1. _____
Name Address/City/State/Zip Phone # Relationship Known how long?

2. _____
Name Address/City/State/Zip Phone # Relationship Known how long?

3. _____
Name Address/City/State/Zip Phone # Relationship Known how long?

Your signature on this application authorizes the owner/manager of the property in which you are applying for occupancy to contact your prior landlords for information regarding your prior tenancies, to check personal and credit references, and to obtain credit, employment, bank and court records.

I/We declare that the statements and information contained in this application are true and complete to the best of my/our knowledge. I/We understand that the willful submission of false or misleading information may be the sole reason for rejection of this application or termination of tenancy. It is further understood that the completion of this application does NOT constitute an acceptance for occupancy.

Signature of Head of Household

Date

Signature of Co-Applicant

Date

By checking this box, I agree my electronic signature, above on this document is as valid as if I signed the document in writing and I consent to be legally bound to this agreement.

Allegiant Property Management will provide reasonable accommodations for any person(s) who are unable to complete this application due to physical or mental disability. Additional reasonable accommodations can be provided to ensure effective use of the housing program. Please request a Reasonable Accommodation form.

Allegiant Property Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

David Heyer,
412 South 3rd Street
La Crescent, MN 55947
1-866-293-9038 - TTY # 800-947-3529.

Forms that will be needed prior to move in: copy of Social Security cards and copies of driver's licenses or photo ID for all adult members.. Do not attach them to this application. They will be requested later.

Applications can be: emailed to allegiant@apmwi.net faxed or mailed to:

ALLEGIANT PROPERTY MANAGEMENT, LLC
412 South 3rd Street
LA Crescent, MN 55947
(608) 784-1381 * (507) 551-2068 (fax)

Date Rec'd: _____
Time Rec'd: _____
Rec'd by: _____
Apt.#: _____

