



516 EAST WASHINGTON AVENUE, 1ST FLOOR
 MADISON, WISCONSIN 53703
 OFFICE: 608-256-8391
 FAX: 608-256-8392
 WWW.UPMWI.COM

PARKING SPACE APPLICATION

**PROPERTY
 LOCATION:**

511-517 W Mifflin Street: Space # _____

Madison, WI 53703

SPACE RENTAL: \$ _____

Amount Paid: \$ _____

E-Mail To: Jessica@upmwi.com



Leasing ?s: Contact Jessica at 608-256-8391/Jessica@upmwi.com OR Nadine at 608-576-3475/Nadine@upmwi.com
 (NOTE: The policy for this property is equal opportunity in housing as defined by federal, state & local laws.)

PLEASE PRINT!

Name of Applicant: _____ **Date of Birth:** _____

Driver's License Number: _____ **Email:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Name of Co-Applicant: _____ **Date of Birth:** _____

Driver's License Number: _____ **Email:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

List Name(s) of all other person(s) to co-occupy parking space (list maiden name if applicable):

VEHICLE(S):

Make & Model: _____ **Year:** _____ **Plate Number & State:** _____

Make & Model: _____ **Year:** _____ **Plate Number & State:** _____

This application is subject to the approval of the landlord/property owner. False, inaccurate or incomplete information may result in the rejection of this application. Applications not signed by applicant(s) will NOT be considered. If you sign a lease for this property and any information given on this application is found to be fictitious by unscrupulous means after signing of the lease, the lease will be void and you will be evicted from the premises under any/all means possible within the fullest extent of the law.

EARNEST MONEY in the amount of \$ _____ is hereby acknowledged. This application is authorization for the investigation/background check/credit check/etc. of the person(s) and reference(s) listed herein. This application is NOT a rental agreement, contract, lease or other. It is subject to approval by United Property Management, their agent(s) and/or owner(s).

Applicant's Signatory: _____ **Date:** _____

Co-Applicant's Signatory: _____ **Date:** _____

Phone number to call regarding this application: _____

Agent/Owner Signatory: _____ **Date:** _____

PLEASE NOTE: If you have two vehicles and only pay for one parking space, you must alternate parking in that space. You may NOT park in another vacant space. If someone else is parked in your space, you may NOT park in an alternate space. Please call us immediately so that we may have the vehicle ticketed/towed.

PARKING SPACE ASSIGNED: _____ **PARKING STICKER NUMBER:** _____

START DATE: _____ **END DATE:** _____