

# FIRST AMERICAN REGISTRY/SAFERENT APPLICATION FOR OCCUPANCY

## Robin Hill

DESIRED DATE OF OCCUPANCY: / /			DATE OF APPLICATION: / /		
NAME	FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER	DATE OF BIRTH / /
NUMBER OF PEOPLE WHO WILL OCCUPY:			DESCRIPTION OF PETS:		
ADULTS (OVER AGE 18):		CHILDREN:		APPROXIMATE WEIGHT:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?			MARITAL STATUS:		
(CIRCLE ONE) YES NO			(CIRCLE ONE) MARRIED SINGLE DIVORCED SEPARATED		
APPLICANT CONTACT INFORMATION					
HOME PHONE: ( ) -		CELL PHONE: ( ) -		WORK PHONE: ( ) -	
EMERGENCY CONTACT INFORMATION:					
NAME:		PHONE: ( ) -		RELATION:	

### RESIDENCE HISTORY

PRESENT ADDRESS:		
STREET ADDRESS INCLUDING APT # IF APPLICABLE	DATES OCCUPIED FROM TO	RENT \$
CITY, STATE, ZIP	PRESENT LANDLORD/ COMMUNITY NAME	PHONE ( ) -
PREVIOUS ADDRESS:		
STREET ADDRESS INCLUDING APT # IF APPLICABLE	DATES OCCUPIED FROM TO	RENT \$
CITY, STATE, ZIP	PRESENT LANDLORD/ COMMUNITY NAME	PHONE ( ) -
HAVE YOU EVER BEEN EVICTED FROM HOUSING? (CIRCLE ONE) YES NO		
IF YES, PLEASE EXPLAIN:		
DO YOU OWE ANY BALANCE TO A PREVIOUS LANDLORD? (CIRCLE ONE) YES NO		
IF YES, PLEASE EXPLAIN:		

### EMPLOYMENT

1ST EMPLOYMENT			
EMPLOYER NAME	PHONE TO VERIFY ( ) -	INCOME \$ PER	POSITION TITLE
STREET ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED		FROM	TO
2ND EMPLOYMENT <i>(this space is provided for applicants with two employers)</i>			
EMPLOYER NAME	PHONE TO VERIFY ( ) -	INCOME \$ PER	POSITION TITLE
STREET ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED		FROM	TO

### BANK REFERENCES

BANK NAME	CITY IN WHICH IT IS LOCATED	ACCOUNT NUMBER	(CIRCLE ONE) CHECKING SAVINGS
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### ADDITIONAL INFORMATION

DRIVER'S LICENSE	STATE	MAKE	MODEL	YEAR	LICENSE PLATE NUMBER
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A non-refundable processing charge of **\$30.00** will be retained by the landlord. By signing the application, the applicant recognizes that an investigative report may be prepared whereby information is obtained through interview. This inquiry includes information as to your character, general reputation, credit, and mode of living. First American Registry/Saferent also has authorization from the applicant to research all public records for the last seven (7) years. The applicant further authorizes First American Registry/Saferent to use a photocopy of this form when it is necessary to verify references. The applicant requests that such a photocopy be fully honored. The application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application. The applicant has the right to make a written request within a reasonable period of time to receive additional information regarding the nature and scope of this investigation.

SIGNATURE OF APPLICANT				
TO BE COMPLETED BY COMMUNITY REPRESENTATIVE				
APT NUMBER	RENT	DEPOSIT	SPECIAL	LEASE TERM



# FIRST AMERICAN REGISTRY/SAFERENT APPLICATION FOR OCCUPANCY

NKC APARTMENTS  
P 816-221-0455 F 816-221-0457

DESIRED DATE OF OCCUPANCY: _____ / ____ / ____			DATE OF APPLICATION: _____ / ____ / ____		
NAME FIRST _____ MIDDLE _____ LAST _____			SOCIAL SECURITY NUMBER - - -		DATE OF BIRTH / /
NUMBER OF PEOPLE WHO WILL OCCUPY: ADULTS (OVER AGE 18): _____ CHILDREN: _____			DESCRIPTION OF PETS: APPROXIMATE WEIGHT: _____		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (CIRCLE ONE) YES _____ NO _____			MARITAL STATUS: (CIRCLE ONE) MARRIED _____ SINGLE _____ DIVORCED _____ SEPARATED _____		
APPLICANT CONTACT INFORMATION					
HOME PHONE: ( ) -		CELL PHONE: ( ) -		WORK PHONE: ( ) -	
EMAIL ADDRESS: _____					
EMERGENCY CONTACT INFORMATION:					
NAME: _____		PHONE: ( ) -		RELATION: _____	

## RESIDENCE HISTORY

<b>PRESENT ADDRESS:</b>		
STREET ADDRESS INCLUDING APT # IF APPLICABLE	DATES OCCUPIED FROM _____ TO _____	RENT \$ _____
CITY, STATE, ZIP	PRESENT LANDLORD/ COMMUNITY NAME	PHONE ( ) -
<b>PREVIOUS ADDRESS:</b>		
STREET ADDRESS INCLUDING APT # IF APPLICABLE	DATES OCCUPIED FROM _____ TO _____	RENT \$ _____
CITY, STATE, ZIP	PRESENT LANDLORD/ COMMUNITY NAME	PHONE ( ) -
HAVE YOU EVER BEEN EVICTED FROM HOUSING? (CIRCLE ONE) YES _____ NO _____		
IF YES, PLEASE EXPLAIN: _____		
DO YOU OWE ANY BALANCE TO A PREVIOUS LANDLORD? (CIRCLE ONE) YES _____ NO _____		
IF YES, PLEASE EXPLAIN: _____		

## EMPLOYMENT

<b>1ST EMPLOYMENT</b>			
EMPLOYER NAME	PHONE TO VERIFY ( ) -	INCOME \$ _____ PER	POSITION TITLE
STREET ADDRESS	CITY STATE ZIP	DATES EMPLOYED	FROM _____ TO _____
<b>2ND EMPLOYMENT (this space is provided for applicants with two employers)</b>			
EMPLOYER NAME	PHONE TO VERIFY ( ) -	INCOME \$ _____ PER	POSITION TITLE
STREET ADDRESS	CITY STATE ZIP	DATES EMPLOYED	FROM _____ TO _____

## BANK REFERENCES

BANK NAME	CITY IN WHICH IT IS LOCATED	ACCOUNT NUMBER	(CIRCLE ONE) CHECKING _____ SAVINGS _____
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## ADDITIONAL INFORMATION

DRIVER'S LICENSE	STATE	MAKE	MODEL	YEAR	LICENSE PLATE NUMBER
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### SIGNATURE OF APPLICANT

### TO BE COMPLETED BY COMMUNITY REPRESENTATIVE

APT NUMBER	RENT	DEPOSIT	SPECIAL	LEASE TERM
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