

## Rental Application

APPLICANT INFORMATION					
First Name	Middle Name	Last Name	Maiden Name		
Birthdate	Social Security Number	Marital Status	Drivers License Number	State Issued	
Spouse First Name	MiddleName	Last Name	Maiden Name		
Birthdate	Social Security Number	Marital Status	Drivers License Number	State Issued	
CONTACT INFORMATION and ADDRESS and RENTAL HISTORY INFORMATION					
Home Phone Number	Work Phone Number	Alternate Phone Number			
Current Address	City	State	Zip	Move In Date	Current Rent Amount
Name of Apt Community or Landlord (if applicable)	Phone Number		Why are you moving?		
Previous Address	City	State	Zip	Move In Date	Last Rent Amount
Name of Apt Community or Landlord (if applicable)	Phone Number		Why did you move?		
Previous Address	City	State	Zip	Move In Date	Last Rent Amount
Name of Apt Community or Landlord (if applicable)	Phone Number		Why did you move?		
Have you, your spouse, your roommate(s), or any occupant ever: Been asked to move out, broken a lease or rental agreement, declared bankruptcy, or been sued for damages to rental or leased property? Have you, your spouse, your roommates(s), or any occupant ever: been convicted of a felony or received deferred adjudication for a felony? <i>If the answer to any of the above questions is "yes", please explain below. If none of the above applies, please state "none applies" and sign.</i>					
<b>OTHER OCCUPANTS</b> All persons under the age of 18 MUST be listed. ALL occupants/roommates aged 18 or over MUST submit an application.					
First Name	Middle Name	Last Name	Sex	Birthdate	Social Security Number
First Name	Middle Name	Last Name	Sex	Birthdate	Social Security Number
First Name	Middle Name	Last Name	Sex	Birthdate	Social Security Number
EMPLOYMENT INFORMATION					
Employer Name		Employer Phone Number		Employer Fax Number	
Employer Address		City		State	Zip
Position	Hire Date	Gross Monthly Income		Supervisor	
Previous Employer Name		Phone Number		Position/Hire Date/End Date	
Spouse Employer Name			Phone Number		
Employer Address		City		State	Zip
Position	Hire Date	Gross Monthly Income		Supervisor	
Spouse Previous Employer Name		Phone Number		Position/Hire Date/End Date	
CREDIT HISTORY					
Bank Name	Branch Location	Phone Number	Checking Account Number	Savings Account Number	
Bank Name	Branch Location	Phone Number	Checking Account Number	Savings Account Number	
Credit Cards (list)		Monthly Payment		Balance	
Automobile Loan Company		Monthly Payment		Balance	
ADDITIONAL INCOME (Please list source and amount of any additional income)					

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<b>EMERGENCY INFORMATION</b> (Please indicate closest relative) If an emergency situation should arise the person(s) listed below may enter my apartment to remove and store all contents, as well as my property in the mailbox, storerooms, and common areas.				
Emergency Contact Name	Address	City	State	Zip
Relationship	Home Phone	Work Phone		
<b>PET INFORMATION</b>				
Will you or any occupants have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: Type of Pet	Age of Pet	Weight of Pet	Breed of Pet
<b>VEHICLE INFORMATION</b>				
Make/Model of Vehicle	Color	Year	License Number	State Issued
Make/Model of Vehicle	Color	Year	License Number	State Issued
<b>COMMUNITY INFORMATION</b> This information should be filled out by you and your leasing consultant at the time you make application to our community.				
Community You Are Renting From	Leasing Consultant			
Security Deposit	\$	Apt. No. & Address		
Application Fee	\$	Apt. Type		
Administration Fee	\$	Monthly Rent Amount	\$	
Pet Deposit	\$	Length of Lease		
Amount Paid With Application	\$	Move In Date		
Balance Due	\$	Garage Space Number		
Pro Rated Rent Due At Move In	\$	Garage Deposit		
Total Amount Due At Move In	\$	Other Fees and Deposits	\$	
<b>REFERRAL INFORMATION</b>				
Were you referred to our community by a locator service? Yes No		Were you referred by one of our residents? Yes No		
If yes, please state the agent's name and company:		If yes, please state the resident's name:		
Other Referral Types, circle all that apply: Apartment Guide Apartment Guide.com For Rent For Rent.com Apartments.com Rent.com PriceBrothersKC.com Newspaper Property Appearance Banner/Balloons/Signs/Monuments Location of Property Outreach Marketing Preferred Employer Referral from other PBM Property Previous Resident Word of Mouth Onsite Transfer				

### BUSINESS APPLICANT CONSENT (IF APPLICABLE)

The undersigned hereby consents on behalf of the business named below (the "Company") to allow the owner/landlord, itself or through its designated agents or employees, to obtain a credit report on the Company and to obtain and verify the Company's credit and financial information for the purpose of determining whether to lease an apartment to the Company. The undersigned also agrees on behalf of the Company that the owner/landlord and its agents and employees may obtain additional credit reports on the Company in the future to update or review the Company's account.

BY: \_\_\_\_\_ COMPANY: \_\_\_\_\_ DATE \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

### APPLICANT CONSENT

The undersigned applicant(s) and co-signer(s) hereby understands and is hereby notified by this document that the property owner/landlord, through its designated agents or employees, is authorized to obtain a consumer report and criminal record information on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment to me/us. We also agree and understand that the owner and its agents and employees may obtain additional consumer reports and criminal record reports on each of us in the future to update or review our account. Upon my/our request, the owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer-reporting agency that provided such reports. By signing this application, applicants acknowledge receipt of a copy of the Federal Trade Commission's "Summary of Consumer Rights".

**ACKNOWLEDGMENT BY SIGNING.** You declare that all your statements on this application are true and complete. You're authorizing us to verify this information through all available means. We're not required to verify or investigate any preliminary findings. If you've failed to answer any question, we're entitled to reject this application. If you've given false information, we're entitled to (1) reject the application, (2) retain all application fees and deposits as liquidated damages for our time and expense, and (3) terminate your right of occupancy. In any lawsuit relating to this application, including statutory or regulatory rights stemming from any LESSEE, we are entitled to recover attorney's fees and all other costs of litigation if we prevail. We reserve the right to furnish information to consumer reporting agencies about the performance of our residents on their lease contract obligations. **\*\*It is required that all Tenants show proof of their personal liability insurance coverage. This will be required before possession of the apartment is given to the new Tenant.\*\***

This application must be signed by all adults who will occupy the apartment before it can be considered by lessor. Acceptance of this application, and all moneys paid herewith, is NOT binding upon LESSEE until approved by lessor. If approved, moneys paid in addition to the non-refundable applicant fee, will be then held as a security deposit under the lease. The applicant fee is non-refundable in all circumstances. If the apartment is held for seventy-two (72) hours after the application is submitted, all moneys paid shall be retained as liquidated damages.

FOR OFFICE USE ONLY			
	PERSON ACCEPTING APPLICATION		PERSON WHO PROCESSED APPLICATION
APPLICANT/CO-SIGNER	DATE	APPLICANT/CO-SIGNER	DATE
	PERSON WHO NOTIFIED APPLICANT		DATE/TIME OF NOTIFICATION OF APPROVAL
APPLICANT/CO-SIGNER	DATE	APPLICANT/CO-SIGNER	DATE
	PERSON/PHONE NUMBER NOTIFIED		APPLICATION DENIED. REASON:
OWNER'S REPRESENTATIVE	DATE		