



Arbor Hill Townhomes

913-271-7734
KChome Rental
PROPERTY MANAGEMENT SERVICES

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Renters Screening Application for Occupancy

Please fill out completely. Failure to complete this application in full including daytime phone numbers, will seriously delay completion of this application.

Desired date of occupancy: _____ Applicant Phone Number (____) _____ - _____

Area Code

Name _____ SS# _____ - _____ - _____
First Middle Last

Date of Birth ____ \ ____ \ ____ Check One: Married Single Divorced Separated

Spouse Name _____ SS# _____ - _____ - _____
First Middle Last

Spouse Date of Birth ____ \ ____ \ ____ Maiden Name (if less than 2 years) _____

Number of people who will occupy (Adults over age 18) _____ Children (thru age 18) _____

Child's Name _____ Child's Birth Date _____

Child's Name _____ Child's Birth Date _____

In case of Emergency Notify: (Name, address, phone) _____

Part I – Residence History

A. Present Address

Address _____
Street City State Zip

Phone ____ - ____ - ____ Rent \$ _____ From ____ \ ____ \ ____ To ____ \ ____ \ ____

Present Landlord _____ Phone ____ - ____ - ____

B. Previous Address

Address _____
Street City State Zip

Phone ____ - ____ - ____ Rent \$ _____ From ____ \ ____ \ ____ To ____ \ ____ \ ____

Previous Landlord _____ Phone ____ - ____ - ____

Part II – Employment

A. Present Employer _____

Address _____
Street City State Zip

Phone ____ - ____ - ____ Income \$ _____ From ____ \ ____ \ ____ To ____ \ ____ \ ____

Position _____ Phone ____ - ____ - ____

B. Previous Employer

Address _____
Street City State Zip

Phone ____ - ____ - ____ Income \$ _____ From ____ \ ____ \ ____ To ____ \ ____ \ ____

Position _____ Phone ____ - ____ - ____

C. Other Income _____

A processing charge of \$ _____ will be retained by the Landlord. Non-Refundable.

This application must be signed by all adults who will occupy the apartment before it can be considered by Landlord. Acceptance of this application and any monies deposited herewith is not binding upon Landlord until approved by Landlord in writing. **If applicant is disapproved all monies shall be returned to applicant within 7 days of notification of such action. If approved, all monies deposited with this application will be held as a reservation deposit to be credited toward any deposit which may be required of applicant at the time the rental agreement is executed. If the rental unit is held for applicant for more than THREE (3) days, and applicant refuses to sign a lease all monies deposited shall be forfeited to Landlord as liquidated damages. _____-initials**

By signing, 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. KC Home Rentals (KCHR) has my authorization to research all public records for criminal history for the past 7 years.

I further authorize KCHR to use a photocopy of my signature when necessary to verify references. I request that such a photocopy be fully honored. The application may be disapproved as a result in any misrepresentation or insufficient information as a result of an incomplete application. You have the right to make a written request in a reasonable period of time to receive additional information about the nature and scope of this investigation.

Reservation Deposit with Application \$ _____ Signature _____
Applicant

Reservation Deposit for pets (if allowed) \$ _____ Signature _____
Spouse

Total Deposit with application \$ _____ Date: ____ \ ____ \ ____