

Leawood Manor Apartments Application for Occupancy

APPLICANT MUST COMPLETE ALL SECTIONS and SIGN OR DELAY/DENIAL WILL RESULT

Last Name: _____ First: _____ MI: _____ SSN: _____ / _____ / _____ Date of Birth: _____ - _____ - _____
 Spouse: _____ First: _____ MI: _____ SSN: _____ / _____ / _____ Date of Birth: _____ - _____ - _____
 Your Home Phone #:(_____) _____ Your Work Phone #:(_____) _____
 Married? (Yes/No) Maiden Name: _____ Pets? (Yes/No) If Yes, Describe Pet: _____
 In Case of Emergency, Notify (Name): _____ Phone #:(_____) _____
 Additional Occupant(s) Name(s):
 1) _____ SSN: _____ / _____ / _____ Date of Birth: _____ - _____ - _____
 2) _____ SSN: _____ / _____ / _____ Date of Birth: _____ - _____ - _____
 3) _____ SSN: _____ / _____ / _____ Date of Birth: _____ - _____ - _____
 4) _____ SSN: _____ / _____ / _____ Date of Birth: _____ - _____ - _____
 5) _____ SSN: _____ / _____ / _____ Date of Birth: _____ - _____ - _____

RESIDENTIAL HISTORY **include area codes / apt #'s / zip codes**

1. Present Landlord/Property Name: _____ County: _____ Rent / Own _____
 Your Address: _____ Apt.#: _____ City,ST,Zip: _____
 Landlord Day Phone:(_____) _____ Dates Rented/From: _____ To: _____ Rent Amt: \$ _____
 2. Previous Landlord/Property Name: _____ County: _____
 Your Address: _____ Apt.#: _____ City,ST,Zip: _____
 Landlord Day Phone:(_____) _____ Dates Rented/From: _____ To: _____ Rent Amt: \$ _____
 3. Previous Landlord/Property Name: _____ County: _____
 Your Address: _____ Apt.#: _____ City,ST,Zip: _____
 Landlord Day Phone:(_____) _____ Dates Rented/From: _____ To: _____ Rent Amt: \$ _____

EMPLOYMENT HISTORY / OTHER INCOME / FINANCIAL

1. Name of Employer: _____ Position: _____ From: _____ To: _____
 Full Address: _____ Phone #:(_____) _____ - _____ Income: \$ _____ Per _____
 2. Previous Employer: _____ Position: _____ From: _____ To: _____
 Full Address: _____ Phone #:(_____) _____ - _____ Income: \$ _____ Per _____
 3. Spouse or 2nd Employer: _____ Position: _____ From: _____ To: _____
 Full Address: _____ Phone #:(_____) _____ - _____ Income: \$ _____ Per _____
 4. Other Income: (Submit verification with application) List any SSI, Pension, Disability, or other income you wish to be considered.
 Source: _____ Amount: \$ _____ Per Mo. Type of Income: _____
 Source: _____ Amount: \$ _____ Per Mo. Type of Income: _____

GENERAL QUESTIONS - Answer all Questions

1. Have you ever been evicted? _____ If yes, Property/Landlord Name: _____ City/ST: _____
 2. Have you ever been convicted of a criminal offense? _____ If yes, Offense: _____ City/ST: _____
 3. Number of Cars: _____ A) Make: _____ Model: _____ Year: _____ Color: _____ Plate: _____
 B) Make: _____ Model: _____ Year: _____ Color: _____ Plate: _____
 4. Driver's License #: _____ State Issued: _____ Expiration: _____
 5. Character Reference Name: _____ How Known: _____ Phone #:(_____) _____ - _____

FALSE STATEMENTS **OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THIS APPLICATION**

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. If approved, monies deposited with this application will be held as a reservation deposit to be either returned to applicant or credited toward any deposit which may be required of applicant at the time a rental agreement is secured. If approved and the rental unit is held for applicant for more than 3 day(s), then the applicant withdraws the application, all monies deposited shall be forfeited to Landlord.

Non Refundable Processing Fee: \$ _____

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. The undersigned agrees this application and any information reports will remain the property of Leawood Manor Apartments.

I hereby grant Leawood Manor Apartments the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property.

 Applicant Signature Date Applicant Signature Date

OFFICE USE ONLY Unit #: _____ Rent Amount: \$ _____ Desired Date of Occupancy: _____
 # of Occupants: _____ Lease Term: _____ MI Special: _____
 Agent's Name: _____ Date: _____