

RENTAL APPLICATION

- 1.) Each applicant must fill out a separate application (except married couples with the same last name).
- 2.) A non-refundable application fee of \$35.00 per applicant. Please add \$25 for a co-signer's credit report, if needed.
- 3.) Please **PRINT** your information **legibly** in **DARK INK** and answer all questions completely.
- 4.) Failure to answer questions may adversely effect the consideration given your application.
- 5.) Known untruths may be considered grounds for denying your application. **Provide a PHOTO ID.**
- 6.) Before signing this application, read carefully and understand the release clause you are assenting to.

NAME (Last, First, Middle): _____ Date of Birth: _____
Other name (maiden, etc.): _____ SOCIAL SECURITY: _____
Driver's License State and Number: _____ Your phone number: _____
Cell number/pager: _____ email address: _____

ADDRESS: _____
(City, State, Zip) _____ How long at this address? _____
Reason for moving: _____ Landlord name & phone number _____
Previous Address: _____ How long at this address? _____
Reason for moving: _____ Landlord name & phone number _____
Previous Address: _____ How long at this address? _____
Reason for moving: _____ Landlord name & phone number _____

CURRENT EMPLOYMENT: _____ **POSITION:** _____
How long at this job? _____ Contact person & phone: _____
Monthly Income? _____ Other sources of income? _____
Previous Employment: _____ Contact: _____

REFERENCES:
Bank/City: _____ Checking Acct. #: _____
Bank/City: _____ Savings Acct. #: _____
Credit Accounts:
Company: _____ Account: _____ balance: \$ _____
Company: _____ Account: _____ balance: \$ _____

Character References (non-family, known for 3 years, complete address and phone #):
1 _____ () _____
2 _____ () _____
3 _____ () _____

Emergency Contact: _____ **Relationship:** _____
Address: _____ Phone: _____

CO-APPLICANT (Last, First, Middle): _____ **Date of birth:** _____
Other name (maiden, etc.) _____ **SOCIAL SECURITY:** _____
Driver's License State and Number: _____ Your phone number: _____
Cell number/pager: _____ email address: _____

CURRENT EMPLOYMENT: _____ **POSITION:** _____
How long at this job? _____ Contact person & phone: _____
Monthly Income? _____ Other sources of income? _____
Previous Employment: _____ Contact: _____

Other Residents:

Name: _____	D.O.B. _____	SSN: _____
Name: _____	D.O.B. _____	SSN: _____
Name: _____	D.O.B. _____	SSN: _____
Name: _____	D.O.B. _____	SSN: _____

Cars: _____ **State & Tag#:** _____
(Year, Make, _____ **State & Tag#:** _____
Model, Color) _____ **State & Tag#:** _____

Do you or ANY prospective residents: (a "Yes" will not necessarily result in denial of your application)

Smoke? _____
Have Pets? _____ List _____
Have gang affiliations? _____ Explain _____
Have criminal convictions? _____ Explain _____
Have past rental lawsuits? _____ Explain _____
Have previous evictions? _____ Explain _____
Have any bankruptcies? _____ Explain _____

By my signature, I authorize the landlord or his agents to procure such credit, rental, or criminal information; or other information regarding my general character, reputation, or mode of living; as they may deem necessary to verify my statements herein, or to ascertain to their satisfaction my qualifications and fitness as a tenant; and **I release** all agencies, government entities, companies or individuals to provide such information to the landlord or his agents.

I certify that my answers on this application are true; that **I understand that any false statements may be grounds for immediate rejection of my application**; and that I understand and endorse this statement of authorization and release without mental reservation.

(signature of applicant) _____ (date) _____
(signature of co-applicant) _____ (date) _____

CO-SIGNER: As co-signer/guarantor for the applicant above, I will pay all amounts in which the applicant defaults in his/her lease obligations to the landlord. I hereby authorize the landlord or his agents to procure a copy of my credit report as a means of verifying my full ability to act in this capacity.

Name (print): _____ Date of Birth: _____ (signature): _____
Address: _____ Social Security #: _____
City, State, Zip: _____ Employer/Position: _____
Area Code and Home Phone: _____ Business Address: _____

Credit Bureau of Eudora, Inc. 300 Rockfence Pl., Lawrence, KS 66049
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