

**RETURN TO: 1529 W. CRAWFORD, SALINA KS**

Monday – Friday 10:00am – 4:00pm or leave in dropbox

RENTAL APPLICATION

Address applying for: \_\_\_\_\_

PERSONAL INFORMATION

Applicant's full name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant's full name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

OTHER RESIDENTS

\_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

DL#: \_\_\_\_\_ DL# \_\_\_\_\_

Do you own furniture? \_\_\_\_\_ Pets? \_\_\_\_\_ PETS ONLY WITH PRIOR APPROVAL

Present address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Length at address: \_\_\_\_\_

Present Landlord or Mortgage Holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of Rent: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

In the last 5 years have you been evicted or asked to surrender rental property? \_\_\_\_\_

Do you have a judgment against you for damage to rental property? \_\_\_\_\_

Are you currently on probation or parole? \_\_\_\_\_

EMPLOYMENT INFORMATION

Employed by: \_\_\_\_\_ How long? \_\_\_\_\_

Employer's address: \_\_\_\_\_

Position held: \_\_\_\_\_ Salary: \_\_\_\_\_

Co-resident's Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Employer's address: \_\_\_\_\_

Position held: \_\_\_\_\_ Salary: \_\_\_\_\_

Other income: \_\_\_\_\_

REFERENCES

(Do Not Include Account Numbers)

Bank: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Credit reference: \_\_\_\_\_

Personal reference: \_\_\_\_\_

OTHER INFORMATION

Number of vehicles: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

I Agree that:

1. You have the right to verify all information given on this application and to contact any of my past landlords, or references prior to rental and to release information about me as a tenant to other residential landlords.
2. To have this application considered, a deposit is required.
3. Should I vacate, leaving property damaged or not clean, said damage or cleaning cost will be deducted from my deposit, and additional damages over deposit will be paid by me.
4. Should I vacate said property without a WRITTEN 30 day notice, I may lose my deposit.
5. Deposit will be refunded only if the application is rejected by the landlord.
6. SMOKE ALARM WILL BE MAINTAINED WITH BATTERY BY TENANT.

Applicant(s) swear that the above information is true and correct:

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_