Rental Management of Salina, Inc.

612 Max Ave. Salina, Kansas 67401 (785) 823-1151

Rental / Credit Application

PERSONAL INFORMATION				
Date	Interviewed By			
Name of Applicant		Date of Birth		
E-mail	Telephone			
Social Sec. No	Driver's	License No		
Present Address	City	State Zip		
Prior Address	City	State Zip		
How long have you lived at present address? How long have you lived at prior address?				
Name of Landlord	Telephone			
PriorLandlord	Telephone			
How many will be living in this unit? Adults_	Children	Pets Weight of pets		
Employer	Occupation	Current Salary		
How long?	ContactPerson	Telephone		
SPOUSE INFORMATION				
	Date of Birth	n Telephone		
SocialSec.No	Driver'sLicenseNc)		
Employer	Occupation	CurrentSalary		
How long?	Contact Person	Telephone		
Has your spouse ever filed for bankruptcy?	Yes No			
BANK INFORMATION				
BankName	Branch	Telephone		
Checking Account No.	Savings Account	No		

PERSONAL / CREDIT REFERENCES					
NAME		RELATIONSHIP		TELEPHONE	
CREDIT GRANTOR		ADDRESS		TELEPHONE	
OTHER INFORMATION					
Number of vehicles (including company cars)					
Maniber of vehicles (including company cars)					
Make/Model	Year	Color	Tag No	State	
Make/Model	Year	Color	Tag No	State	
Make/Model	Year	Color	Tag No	State	
HAVE YOU EVER					
Filed for bankruptcy \square Yes \square No If yes,	when?				
Been served an eviction notice or been asked to vacate a prope	erty you were	renting?	□ No		
Willfully or intentionally refused to pay rent when due? \Box	Yes 🗖 No	If yes, when?			
Been sued for unlawful detainer? \square Yes \square No					
How were you referred to us? Newspaper (name)		_ Realtor (name)		Other	
Rental Unit applied for					
Commencement date Ter	rm		Rent/Month _		

ACKNOWLEDGEMENT				
I/We, the undersigned, understand that Rental lord and that the leasing agent's fees will be paid to the undersigned receiving a lease agreement.				
Applicant's Signature	 Date	_	Co-Applicant's Signature	Date
CONSENT TO OBTAIN CREDIT / EMPLOY	MENT INFORMATI	ON		
I/We authorize, Rental Management of Salina, Ir all of the information obtained by you. I/We further information. I/We declare under penalty of perjury that the information day of	orther release all person	ns, agencie	is true and correct.	Ilting from providing such
Applicant's Signature	Date		Co-Applicant's Signature	Date
The undersigned authorizes landlord, leasing as landlord, and current employer, and further, by a and employment history information to be used representatives to apply for or obtain an investion and its property and its proper	copy of this Application, d in evaluating my leas gation or credit report i	, authorize se applicat in connect	s any said landlord or employer to re ion. I further authorize owner/land on with this application. I understa	elease pertinent residential dlord, leasing agent or its and that said investigation

or credit report may contain information obtained from various state governmental and private entities relative to the undersigned's number of children, employment, occupation, general health, financial, and criminal history information.

FOR O	FFICE USE ONLY – DO NOT WRITE BI	ELOW			
	Application Verification	Person Contacted		Remarks	
	☐ Present Landlord				
	☐ Previous Landlord				
	☐ Applicant's Employment				
	☐ Co-Applicant's Employment				
	☐ Bank				
	☐ Reference (1)				
	☐ Reference (2)				
	☐ Reference (3)				
	☐ Other				
	☐ Driver's License/ID				
	☐ Credit Bureau				
	on completed by:			MONIES RECEIVED	
Date:			Date	Description	Amount
Remarks	:			Application Fee	
				Security Deposit	
				- · ·	
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		I HIS APP	LICATION: 🔲	Is Approved	Not Approved