Rental Management of Salina, Inc.

Rental / Credit Application

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

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	ı 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				
Name of Spouse	Date of Birt	hTelephone		
SocialSec.No	Driver'sLicense No	0		
Employer	Occupation	CurrentSalary		
How long?	Contact Person	Telephone		
Has your spouse ever filed for bankruptcy?	Yes No			
BANK INFORMATION				
Bank Name	Branch	Telephone		
		No		
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.	l by the owner/landlord. 1		
Applicant's Signature	Date	Co-Applicant's Signatur	re Date
CONSENT TO OBTAIN CREDIT / EMPLOY	YMENT INFORMATIO	DN	
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	s, agencies, or firms from any lia	bilities resulting from providing such
Applicant's Signature	Date	Co-Applicant's Signatu	re Date
The undersigned authorizes landlord, leasing as landlord, and current employer, and further, by a and employment history information to be use representatives to apply for or obtain an investi	copy of this Application, d in evaluating my leas gation or credit report ir	authorizes any said landlord or eme application. I further authorize a connection with this application	ployer to release pertinent residential owner/landlord, leasing agent or its . I understand 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	
				- · ·	
		THICADO	LICATIONI. 🗖	Is Approved D	Not Approved
		I HIS APP	LICATION: 🔲	Is Approved	Not Approved