

J & M, K & B, J & L, P & B Properties

Every occupant over the age of 18 MUST fill out a separate application (even if married).

Please fill out this form COMPLETELY and sign where indicated.

Deposits AND DOWN PAYMENTS on rent properties or Owner financed houses are NONREFUNDABLE whether you occupy the property or not. Deposits are for holding the property for you until your move in date.

Personal Information			
First Name	Middle	Last	SS#
Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married Since _____ <input type="checkbox"/> Divorced Since _____	Drivers License #	State
Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone <input type="checkbox"/> Work	Email REQUIRED	
Present Home Address		City / State / Zip	
Length of Time	Present Landlord	Landlord Phone	
Reason for Leaving		Amount of Rent	Is your present rent up to date?
Previous Home Address		City / State / Zip	
Length of Time	Previous Landlord	Landlord Phone	
Reason for Leaving		Amount of Rent	Was your rent up to date?
Next Previous Home Address		City / State / Zip	
Length of Time	Next Previous Landlord	Landlord Phone	
Reason for Leaving		Amount of Rent	Was your rent up to date?
Proposed Occupant(s)			
Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age
Proposed Pet(s) *** BREED RESTRICTIONS APPLY			
Name	Type / Breed	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age
Name	Type / Breed	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age
Name	Type / Breed	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age
Vehicle Information			
Year	Make / Model	Color	Plate# / State
Year	Make / Model	Color	Plate# / State
Employment			
Current Employer		Occupation	Hours/Week
Supervisor		Phone	Years Employed
Address		City / State / Zip	
Current Employer		Occupation	Hours/Week
Supervisor		Phone	Years Employed
Address		City / State / Zip	

Income		
Current Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency / Personal Reference Information		
Emergency Contact	Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone <input type="checkbox"/> Work
Relation	Address	
	City / State / Zip	
Emergency Contact	Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone <input type="checkbox"/> Work
Relation	Address	
	City / State / Zip	
Personal Reference	Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone <input type="checkbox"/> Work
Relation	Address	
	City / State / Zip	
Personal Reference	Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone <input type="checkbox"/> Work
Relation	Address	
	City / State / Zip	

Additional Deposit Information		
Nonrefundable Smoking Deposit	\$700.00 <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials _____
Nonrefundable Monthly Pet Fee	\$50.00 / pet per month <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials _____
All of our units are non-smoking units. If you or any visitors to your unit smokes in the unit you will immediately be responsible for paying \$700.00 if you have not already put up the nonrefundable smoking deposit. Any damage done to the property by a pet will be billed directly to the resident and must be paid immediately.		

Applicant Questionnaire / Authorization		
Has applicant ever been sued for bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant ever been bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant ever been guilty of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.		
Has applicant ever broken a lease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant ever been locked out of their apartment by the sheriff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant ever been brought to court by another landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant ever moved owing rent or damaged an apartment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the total move-in amount available now (rent and deposit)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are any applicants currently serving in the military? If so, must provide proof. Yes No

Rental Preferences		
Number of bedrooms	Type <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Yard <input type="checkbox"/> Garage	Monthly Rent Payment

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors, and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

I AGREE THAT IF I RENT FROM J&M or K&B PROPERTIES AND AM ASKED TO VACATE FOR ANY REASON AND DO NOT VACATE THE PROPERTY, I AND ANYONE ELSE AT THE PROPERTY WILL BE CONSIDERED TRESPASSING AND SUBJECT TO ARREST. WE HAVE A NO TOLERANCE POLICY FOR LATE RENT, DISTURBING THE PEACE, OR ILLEGAL ACTIVITY. IF YOU VIOLATE ANY OF THE ABOVE, YOU WILL BE REMOVED IMMEDIATELY AND YOU WILL NOT RECEIVE YOUR DEPOSIT.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

X _____
Applicant Signature Date

Notes:

