

NOTICE TO APPLICANT

Failure to answer **ALL QUESTIONS** completely, including phone numbers where references may be reached during regular business hours (Monday thru Friday, 9:00am to 5:00pm) will delay the processing of this application.

APPLICATION FOR OCCUPANCY

Lance Dillenschneider – Gold Properties (Robin Road Duplexes)
1930 Longview Rd., Lee's Summit, MO 64081
816-591-0570 - Lance@ReeceNichols.com

(PLEASE PRINT)

DESIRED DATE OF OCCUPANCY _____

Today's Date _____ 20____

NAME _____
Last First Middle

MAIDEN NAME _____
(If married less than 5 years)

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

NUMBER OF PEOPLE WHO WILL OCCUPY _____ AGES OF CHILDREN WHO WILL OCCUPY _____

PETS ☐ YES ☐ NO TYPE/SIZE _____
(If pets are accepted there will be additional pet deposit)

IN CASE OF EMERGENCY NOTIFY _____
Name Phone

RESIDENTIAL INFORMATION

APPLICANTS PHONE _____

Present Address (Street, city, state, zip) _____

How Long _____ Landlord Name _____ Landlord Phone _____

Move In Date	Move Out Date	Rent Amount	Proper Notice	No. Late Payments
No. Complaints	Damages	Comments:		

Previous Address (Street, city, state, zip) _____

How Long _____ Landlord Name _____ Landlord Phone _____

Move In Date	Move Out Date	Rent Amount	Proper Notice	No. Late Payments
No. Complaints	Damages	Comments:		

Previous Address (Street, city, state, zip) _____

How Long _____ Landlord Name _____ Landlord Phone _____

Move In Date	Move Out Date	Rent Amount	Proper Notice	No. Late Payments
No. Complaints	Damages	Comments:		

EMPLOYMENT INFORMATION

Applicant Present Employment/Income _____ Phone _____

How Long _____ Position _____ Supervisor _____ Income _____

Start Date	Part-time _____	Temporary _____	Position	Salary
	Full-time _____	Permanent _____		
Comments:				

Spouse Employment /Income _____ Phone _____

How Long _____ Position _____ Supervisor _____ Income _____

Start Date	Part-time _____	Temporary _____	Position	Salary
	Full-time _____	Permanent _____		
Comments:				

Other Income _____
(Indicate source and amount)

BANK REFERENCES

Bank _____ Address _____ Phone _____

Account Number _____ (Circle One) Checking Savings

CREDIT REFERENCES

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

NUMBER OF CARS (including company cars) _____ Driver's License Number _____ State _____

Make _____ Year _____ License _____

Make _____ Year _____ License _____

Make _____ Year _____ License _____

Have you ever been cited, by any rental property entity, for any of the following?

If so, give name, date, and details in the space provided:

Item	Yes	No	Explanation
1. Unpaid Rent	<input type="checkbox"/>	<input type="checkbox"/>	
2. Late Payments	<input type="checkbox"/>	<input type="checkbox"/>	
3. Damages	<input type="checkbox"/>	<input type="checkbox"/>	
4. Noise Complaints	<input type="checkbox"/>	<input type="checkbox"/>	
5. Non-Compliance	<input type="checkbox"/>	<input type="checkbox"/>	
6. Pet Problems	<input type="checkbox"/>	<input type="checkbox"/>	
7. Criminal Conviction	<input type="checkbox"/>	<input type="checkbox"/>	
8. Registered as a Sexual Predator	<input type="checkbox"/>	<input type="checkbox"/>	

DISCLOSURE

This application must be signed by all adults who will occupy the apartment/property before it can be considered by Landlord. Acceptance of this application and any monies deposited here with is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant or credited towards any deposit that may be required of applicant at the time of rental agreement is completed.

By signing the applicant recognizes that an investigative report may be prepared where by information is obtained through interview. The inquiry includes information as to the applicant's character, general reputation, credit, bank, criminal record, driving record and mode of living. The application may be disapproved as a result of any misrepresentation, omission of information, negative information, and insufficient information or as a result of an incomplete application.

I/We hereby certify that all of the information I/We have provided is true and accurate. I/We understand that any false information or omission of information is grounds for refusing this application. I/We authorize any landlord, employer, bank, or other persons/companies to release information about me/us.

Any false statements on this form will void any lease signed by landlord

Applicant Signature

Date

Spouse Signature

Date

Applicant Signature

Date

AUTHORITY TO RELEASE INFORMATION

First Name: _____ MI: _____ Last Name: _____

Current Address: _____
(Street, city, state, zip)

Previous Address: _____
(Street, city, state, zip)

Date of Birth*: _____ Social Security #: _____
**Date of Birth is being requested in order to obtain accurate retrieval of records*

Phone Number #: _____ Sex: _____

Driver's License #: _____ State: _____

I hereby authorize any officer, or authorized representative bearing this release, or copy thereof to obtain any information you may have pertaining to my employment, residence, military, credit, criminal, driving or educational records, including, but not limited to, academic achievement, attendance, athletic, personal history, disciplinary records, payment history, and complete residence history. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of landlord. Consent is granted to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, consumer reporting agency, or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. Should any questions arise about the validity of this release, you may contact me as indicated.

SIGNATURE

WITNESS

DATE

REQUESTED BY