## RENTAL APPLICATION FOR THE PROPERTY SHOP, 100 SOUTH SUMMIT ST, ARKANSAS CITY KS 67005

PHONE # 620-442-4700, FAX # 620-442-8656, EMAIL – <u>shanwes@sbcglobal.net</u>

## All questions must be answered in their entirety in order to process the application.

Applicant's Name	Phone #
Last 4 # SSN	
DOB	
Co-Applicant's Name	Phone #
Last 4 # SSN	
DOB	
Applicant:	
Please list last 3 years of residence (Please us	e the back of this application if necessary)
Present address	City, St, & Zip
Current rent	
FromTo	Landlord's Name
Landlord's phone #	
Previous address	City, St, & Zip
Current rent	
From To	Landlord's Name
Landlord's phone #	
Previous address	City, St, & Zip
Current rent	
From To	
Landlord's phone #	<del></del>
Co-Applicant:	
Please list last 3 years of residence (Please us	e the back of this application if necessary)
Present address	City, St, & Zip
Current rent	
From To	Landlord's Name
Landlord's phone #	
Previous address	City, St, & Zip
Current rent	Current lease expires
FromTo	Landlord's Name
Landlord's phone #	
Previous address	City, St, & Zip
Current rent	
FromTo	Landlord's Name
Landlord's phone #	

Who will be living in the home	2?	
Name		
	Relationship	
	_ Relationship _ Relationship	
Please list all pets and their br	eed	
Credit References ( <b>Applicant</b> ) Business Name & Address	Highest amount owed	Purpose of credit
Credit References ( <b>Co-Applica</b> Business Name & Address	nt) Highest amount owed ——————	Purpose of credit
Please list the last 3 years en	ployment (Please use the back o	
• •	•	
Employer		
Occupation	Occupation	
Business address	Business addre	ess
Business phone	Business phon	e
Position held	Position held_	
Supervisor's name	Supervisor's na	ame
How long	How long	
Monthly income	Monthly incon	ne
Applicant	Co-Applicant	
Previous Employer	Previous Empl	oyer
Occupation	Occupation	
Business address	Business addre	ess
Business phone	Business phon	e
Position held	Position held_	
Supervisor's name	Supervisor's na	ame
How long	How long	
Monthly income	Monthly incon	ne

Please use the back of the application to explain any answers to the following questions.

**Applicant** 

1.	Have you ever been evicted from any tenancy?
2.	Has a notice of evection ever been filed against you?
3.	Have you filed a petition for bankruptcy?
4.	Have you ever had two (2) or more late rental payments in the last year?
5.	Have you ever willfully and intentionally refused to pay rent?
6.	Do you owe money to your current landlord or previous landlords?
7.	Do you currently or have you ever used or manufactured illegal drugs?
8.	Have you ever engaged in the distribution or sale of illegal drugs?
9.	Do you have any outstanding warrants or anticipate any warrants for your arrest?
10.	Have you ever been convicted of a felony?
	Are you currently on probation or parole?
Cc	p-Applicant
	••
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10	. Have you ever been convicted of a felony?
11	Are you currently on probation or parole?

Applicant's Personal Reference	es 	Co-Applicant's Pe	rsonal References
			<del></del>
Applicant's nearest relative			
Name	Address	Phone	Relationship
Co-Applicant's nearest relative	e		
Name	Address	Phone	Relationship
Vehicles that will be on premis	ses (Please fill in o	nly upon approval)	
Applicant			
Make	Model	Tag	
Co-Applicant			
Make	Model	Tag	

Landlord Verification	
I hereby authorize the release of the requested information.	
Applicant's signature	Date
Co-Applicant's signature	Date