

RENTAL APPLICATION FOR ELROSE APARTMENTS

620-327-3199
305 E. ACADEMY
HESSTON, KS 67062

APPLICANT INFORMATION (Each adult, 18 or older, must fill out a separate application)

NAME _____ BIRTHDATE _____
PHONE # _____ CELL PHONE # _____ SSN# _____
DRIVERS LICENSE # _____ STATE _____
CO-APPLICANTS NAME _____ BIRTHDATE _____
PHONE # _____ CELL PHONE # _____
DRIVERS LICENSE #: _____ STATE _____ SSN# _____
OTHER PROPOSED OCCUPANTS:
NAME _____ AGE _____ RELATIONSHIP TO APPLICANT _____
NAME _____ AGE _____ RELATIONSHIP TO APPLICANT _____

RENTAL/RESIDENCE HISTORY

	CURRENT RESIDENCE	PREVIOUS RESIDENCE
STREET ADDRESS		
CITY		
STATE & ZIP		
LAST RENT AMOUNT PAID		
OWNER/MANAGER NAME		
OWNER/MANAGER PHONE #		
DATES OF RESIDENCY	FROM: TO:	FROM: TO:
REASON FOR LEAVING		
IS/WAS RENT PAID IN FULL?		
DID YOU GIVE NOTICE?		
WERE YOU ASKED TO LEAVE?		

EMPLOYMENT HISTORY

	CURRENT EMPLOYMENT	PREVIOUS EMPLOYMENT
EMPLOYED BY		
ADDRESS		
EMPLOYER PHONE		
SUPERVISOR		
MONTHLY GROSS PAY	\$ /MONTH	\$ /MONTH
LENGTH OF EMPLOYMENT	FROM: TO:	FROM: TO:

VEHICLES

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #/STATE	LOAN
					\$ /MONTH
					\$ /MONTH

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REFERENCES AND EMERGENCY CONTACTS

	REFERENCE #1 (no relatives, please)	REFERENCE #2 (no relatives, please)	NEAREST RELATIVE (please give relationship to applicant)	EMERGENCY CONTACT
NAME				
STREET ADDRESS				
CITY				
STATE & ZIP				
PHONE #				

By signing this application you grant us the permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us the permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

GENERAL INFORMATION

DO ANY OF THE PEOPLE WHO WOULD BE LIVING IN THE APARTMENT SMOKE?				
DO YOU OWN A PET?	TYPE	BREED	APPROX. WEIGHT	APPROX. AGE
HAVE YOU EVER BEEN SERVED A LATE RENT NOTICE?				
HAVE YOU EVER BEEN SERVED AN EVICTION NOTICE?				
IF SO, WHEN?				
HAVE YOU EVER BEEN CONVICTED OF A FELONY?				
IF SO, EXPLAIN.				
WE MAY RUN A CREDIT CHECK AND A CRIMINAL BACKGROUND CHECK. IS THERE ANYTHING NEGATIVE WE WILL FIND THAT YOU WANT TO COMMUNICATE ON?				

AGREEMENT & AUTHORIZATION SIGNATURE

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided, and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part.

SIGNATURE _____

DATE _____

**** Please attach copy of Social Security Card and Drivers License with application ****