

CITY OF LARNED RESIDENTIAL RENTAL APPLICATION

Application Date: ___/___/___		APPLICATION NUMBER or ID		Equal Housing Opportunity
APPLICANT INFORMATION				
LEGAL NAME OF APPLICANT – FIRST		Last	MIDDLE	SS#
CURRENT ADDRESS			CITY	STATE and ZIP
DATE OF BIRTH	OCCUPPATION – Full or Part Time	YEARLY INCOME	HOME PHONE	CELL PHONE
EMPLOYER			EMPLOYER ADDRESS	
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	IN CASE OF EMERGENCY NOTIFY		
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD	LEASE EXPIRATION DATE	
CURRENT RENT	AUTO LIC PLATE	PREVIOUS ADDRESS		
CO - APPLICANT INFORMATION				
NAME OF CO APPLICANT – FIRST		Last	MIDDLE	SS#
CURRENT ADDRESS			CITY	STATE and ZIP
DATE OF BIRTH	OCCUPPATION	YEARLY INCOME	HOME PHONE	CELL PHONE
EMPLOYER			EMPLOYER ADDRESS	
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	IN CASE OF EMERGENCY NOTIFY		
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD	LEASE EXPIRATION DATE	
CURRENT RENT:	AUTO LIC PLATE	PREVIOUS ADDRESS		
APPLICANT'S REFERENCES (OTHER THAN RELATIVES)				
	NAME	Address		PHONE
1.				
2.				
CO-APPLICANTS REFERENCES				
1.				
2.				
APPLICANT'S BANK REFERENCES				
CHECKING				
SAVINGS.				
CREDIT CARDS/OTHER				
CO-APPLICANTS BANK REFERENCES				
CHECKING				
SAVINGS				
CREDIT CARDS/OTHER				

YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____
Have you ever been evicted from a rental residence? Yes _____ No _____
Have you had two or more late rental payments in the past year? Yes _____ No _____

ADDITIONAL SOURCES OF INCOME

If you have other sources of income for us to consider, please list income, source, and person (banker, employer, etc.) who we may contact. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

- 1. 3.
2. 4.

ADDITIONAL INFORMATION: Please give us any additional information that might help the owner/management to evaluate your application.

NOTICES:

I/We hereby warrant that all representations set forth above are true. To verify the above statements, I/We direct those persons named in this application to ask questions about me or us. I/We waive all rights of actions for consequences as a result of such information. I/We agree and authorize and give permission to the management company, owner or servicing company to perform a credit on me/us. I/We agree to pay \$_____ for the credit check as permitted by state law.

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Credit Fee \$ 30.00 Date: Security Deposit: \$ Date:
Credit Report Requested Date: Review Date by: Approved Y N
OFFICE NOTES:

The application hereby waiving any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living as permitted by state law.

I also give the City of Larned authority to contact former landlords of mine.

Name of Applicant Date

Name of co Applicant Date

AUTHORIZATION

Release of Information

I authorize an investigation of my credit, my history as a tenant, my history for banking and employment purposes, all for the purpose of renting a house, apartment, or condominium from the City of Larned, Kansas.

Name (please print)

Signature

Name (please print)

Date

Signature

Date