



# APPLICATION FOR OCCUPANCY

Willow Chase Twin Homes | 849 S. Sumac St. Gardner, KS 66030

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Spouse: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Requested move in date \_\_\_\_\_

Your Home Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Your Work Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Pets? (Y/N) \_\_\_\_\_ If yes describe pet: \_\_\_\_\_ Weight \_\_\_\_\_

In case of emergency, Notify: \_\_\_\_\_ Phone # \_\_\_\_\_

Vehicle Information: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Email: \_\_\_\_\_ Must provide email address for communication.

Occupants (Must list all) \_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

## RESIDENTIAL HISTORY

1. Present Landlord/ Property Name: \_\_\_\_\_ County: \_\_\_\_\_

Your Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates Rented From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amt. \_\_\_\_\_

2. Previous Landlord/ Property Name: \_\_\_\_\_ County: \_\_\_\_\_

Your Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates Rented From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amt. \_\_\_\_\_

## EMPLOYMENT HISTORY

1. Name of employer \_\_\_\_\_ Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Income \$ \_\_\_\_\_ Per \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_

2. Spouse or 2nd employer \_\_\_\_\_ Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Income \$ \_\_\_\_\_ Per \_\_\_\_\_

OTHER INCOME (list any SSI, Pension, Disability or other income you wish to be considered. Verification is needed.)

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Per Mo. Type Of Income: \_\_\_\_\_

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Per Mo. Type Of Income: \_\_\_\_\_



# APPLICATION FOR OCCUPANCY (continued)

## GENERAL QUESTIONNAIRE

*Please Answer All Questions*

Have you ever been evicted? \_\_\_\_\_ If yes, Property/ Landlord Name: \_\_\_\_\_ City,ST: \_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_\_\_ If yes, Offense: \_\_\_\_\_ City, ST: \_\_\_\_\_

**FALSE STATEMENTS\*\*OR\*\*INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THIS APPLICATION**

This application must be signed by all adults who will occupy the apartment/duplex before it can be considered by Landlord. Acceptance of this application, and any monies deposited herewith is not binding upon Landlord until approved by landlord in writing. If approved, monies deposited with this application will be held as a reservation deposit to be either returned to applicant or credited toward any deposit, which may be required of an applicant at the time, a rental agreement is secured. If approved and the rental unit is held for applicant for more than three days then the applicant withdraws the application, all monies deposited shall be forfeited to landlord. **NON REFUNDABLE PROCESSING FEE: \$45.00 & NON-REFUNDABLE ADMINISTRATIVE FEE \$350.00.**

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. The undersigned agrees this application and any information reports will remain the property of Willow Chase/Ridgeway.

I hereby grant this property the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. An electronic, faxed, or other copy of this authorization shall be as valid as the original.

X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_ MGR Initials \_\_\_\_\_  
Applicant Signature Spouse Signature

**\*Please call us at (913) 938-5522 to process your Application Fee Payment.**