

# UbgUg Rental Application

## OFFICE USE ONLY

Application fee \$ \_\_\_\_\_ Cash  Rcpt # \_\_\_\_\_ Check  # \_\_\_\_\_ Online  # \_\_\_\_\_

Earnest Money \$ \_\_\_\_\_ Cash  Rcpt # \_\_\_\_\_ Check  # \_\_\_\_\_ Online  # \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Leasing Agent: \_\_\_\_\_

## Application Process - Please Read Through the Following Carefully:

- Complete this application and submit with \$ \_\_\_\_\_ nonrefundable application fee. Make check payable to \_\_\_\_\_.
- Submit proof of income, such as two recent, consecutive paystubs or LES, that prove income equal to or greater than three times the total monthly rent **OR** a completed co-signature addendum.
- There is no additional charge outside of the original application fee for the first co-signer credit verification attempt. The fee per instance will be charged for any additional attempts to verify an alternate co-signer's credit.
- You will be notified of your approval status within five business days after the receipt of all completed applications/co-signature addendums.
- Applications will not be processed until ALL applicants for the apartment submit their completed paperwork.

## Earnest Money Information

If you wish to have the apartment taken off the market while your application is being processed, each applicant must submit earnest money of \$ \_\_\_\_\_ with all completed paperwork (this must be paid separately from the application fee). The lease must be signed within 10 business days of application approval.

**I hereby deposit \$SSSSSS earnest money and understand the information stated below. Applicant's initials \_\_\_\_\_**  
If this application is approved, the earnest money will be retained as part of the security deposit. If this application is not approved, the earnest money will be refunded to the applicant. Earnest money will be forfeited if you change your mind and no longer want the apartment **OR** if the lease is not signed within 10 business days after you have been notified of approval. Forfeited earnest money will be retained by the landlord as liquidated damages in payment for processing the application and the apartment will be put back on the market.

## Application Address

Address and unit # you are applying for: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Date you want to move in if available: \_\_\_\_\_

How did you learn about i g? \_\_\_\_\_

## Personal Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DL #: \_\_\_\_\_ DL State: \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Month / Year Moved In: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Manager's / Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Month / Year Moved In: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Manager's / Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been evicted? Yes  No  If yes, please explain: \_\_\_\_\_

Pets: Do you have any pets? Yes  No  Please check the property's pet rules and regulations to see which restrictions apply.

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed/Neutered? Yes  No

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Vehicle Information: Make & Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, what was the charge? \_\_\_\_\_ Date: \_\_\_\_\_

Character Reference (Not Family): Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, please notify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Residents:** These are the names of persons that will be occupying the apartment with you. All persons over the age of 18 who will occupy the residence will be required to fill out an application and be approved.

Name(s):	Relationship:	Name(s):	Relationship:
_____ / _____		_____ / _____	
_____ / _____		_____ / _____	
_____ / _____		_____ / _____	

**Employment History**

**Status:** Student     Employed     Retired     Unemployed

*Applicant must submit proof of income that is equal to or greater than three times the total monthly rent to forgo the Co-Signature Addendum. If income or credit report requirements are not met, please have a co-signer complete the addendum and turn it in with this application.*

**Current Employer:** \_\_\_\_\_ **Date Employed:** \_\_\_\_\_

**Position / Rank:** \_\_\_\_\_ **Gross Monthly Income:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other Monthly Income:** \$ \_\_\_\_\_ **Source of other income:** \_\_\_\_\_

**Applicant Signature**

**The undersigned specifically acknowledges and agrees that:**

1. The leased property will not be used for illegal or prohibited purpose or use.
2. All statements in this application are made for the purpose of obtaining a lease of a dwelling or other property.
3. Verification or re-verification of any information contained in the application may be made at any time by the landlord, its agents, successors, and assigns, either directly or through a credit/criminal reporting agency, from any source named in this application, and the original not approved.
4. The landlord, its agents, successors, and assigns will rely on the information in the application and I have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I have represented herein should change prior to execution of the lease.
5. In the event my lease payments or other financial obligations under the lease become delinquent, the landlord, its agents, successors, and assigns, in addition to all other rights and remedies, may report my name and account information to a credit reporting agency. This inquiry includes information as to your character, general reputation, employment, credit, ability to pay rent, past rental history, and mode of living.

**This applicant may be disapproved as a result of the following credit/criminal report decision criteria:**

1. Credit history that includes a severe level of credit problems. This includes, but is not limited to: unpaid collections, charge-offs, judgments and/or bankruptcies within two years. Medical debt is not evaluated.
2. Limited or no credit history.
3. Patterns of late payments within two years.
4. Foreclosure within two years.
5. Have had a felony conviction or subjected to deferred adjudication for a felony; have had a misdemeanor conviction for a sex crime; have had a conviction or deferred adjudication for a crime that is drug related or that involves violence against person or property.

This application may also be disapproved as a result of any misrepresentation or insufficient information as a result of incomplete application. You have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation. **An application must be completed and signed by all adults who will occupy the apartment.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Verifications: Rental History <input type="checkbox"/>	Employment <input type="checkbox"/>	Character Reference <input type="checkbox"/>
Application is: Approved <input type="checkbox"/>	Approved with Co-Signature Addendum <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Reason: _____
Date & time of initial notification: _____ at _____ a.m./p.m.	Talked to Applicant <input type="checkbox"/>	Left Message <input type="checkbox"/>	Other: _____
Manager Signature: _____			

# Co-Signature Addendum

## OFFICE USE ONLY

Date sent to co-signer: \_\_\_\_\_

Method:  E-mail  Fax  Mail Initials: \_\_\_\_\_

**Please note: A management representative will fill in this section with the exact information used on the Occupancy Agreement, if and when that information is determined. The completed form will be sent to the co-signer.**

It is agreed that this Co-signature Addendum is a part of the Occupancy Agreement dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, between \_\_\_\_\_, Landlord and \_\_\_\_\_ Occupant(s) of apartment # \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_, KS commencing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The signature below guarantees the terms, conditions, and obligations of the above mentioned Occupancy Agreement including, but not limited to the payment of the total rent during the term in the amount of \$\_\_\_\_\_.

### The undersigned specifically acknowledge(s) and agree(s) that:

1. I/we are signing this co-signature addendum for the purpose of guaranteeing the financial obligations created by the lease of a dwelling or other property
2. Verification or re-verification of any information contained in the co-signature addendum and/or my/our credit worthiness may be made at any time by a credit reporting agency, and the original copy of this co-signature addendum will be retained by the landlord, even if the lease is not approved
3. In the event the underlying lease payments or other financial obligations under the lease become delinquent, the landlord, its agents, successors and assigns, in addition to all their other rights and remedies, may report my/our name(s) and account information to a credit reporting agency.

### This Co-Signature Addendum may be disapproved as a result of the following credit report decision criteria:

1. Credit history that includes a severe level of credit problems. This includes, but is not limited to: unpaid collections, charge-offs, judgments and/or bankruptcies within two years. Medical debt is not evaluated.
2. Limited or no credit history.
3. Patterns of late payments within two years.
4. Foreclosure within two years.

## Co-Signer's Information: Please Fill out Completely

*There is no additional charge outside of the original application fee for the first co-signer credit verification attempt. A \$\_\_\_\_\_ fee per instance will be charged for any additional attempts to verify an alternate co-signer's credit.*

Name of Applicant you are co-signing for: \_\_\_\_\_ Address being leased: \_\_\_\_\_

Co-Signer's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City, State: \_\_\_\_\_

SS#: \_\_\_\_\_ Name of Bank: \_\_\_\_\_ Bank City, State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax to: \_\_\_\_\_ @ \_\_\_\_\_ . Thank You!

# Rental Verification

1. This Section is to be completed by Applicant

I, \_\_\_\_\_, have applied for an apartment located at \_\_\_\_\_ . Preferred move in date: \_\_\_\_\_

I give my authorization to release any information regarding my residency at the following **MOST RECENT OR CURRENT RENTAL ADDRESS:**

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Dates Rented (month/year): From \_\_\_\_\_ To \_\_\_\_\_

Name of Company/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out section 1 and turn in with application.

2. This Section is to be completed by Landlord

Was proper notice given?  Yes  No

Are there any outstanding debts?  Yes  No

Were there any late charges?  Yes  No

If so, how many? \_\_\_\_\_ When? \_\_\_\_\_

Were there any non- sufficient funds payments?  Yes  No

If so, how many? \_\_\_\_\_ When? \_\_\_\_\_

Were all lease conditions met & rules complied with?  Yes  No

If NO, what were the violations? \_\_\_\_\_

Amount of rent being charged? \$ \_\_\_\_\_

Would you re-rent to?  Yes  No

Comments: \_\_\_\_\_

Representative Signature

Title

Date

Please fax to: \_\_\_\_\_ @ \_\_\_\_\_ . Thank You!