

PROPERTY MANAGEMENT SERVICES

a division of MPM Services, Inc.

600 Lawrence Avenue Suite 2D Lawrence, Kansas 66049 (785) 841-5797

RENTAL APPLICATION

Applying for Address at _____

For Move in on _____ Today's Date _____

PERSONAL DATA

Name _____ Social Security Number _____

Phone Number (____) _____ Date of Birth _____ Age _____

Current Address _____

Street City State Zip

Email _____

Please circle one regarding the above address:

I rent I own It is my parent's address It is a family member's address It is a friend's address

Other (Explain): _____

■ If Student:

Parent's Name _____

Parent's Address _____

Street City State Zip

Parent's Phone (____) _____ or (____) _____

RENTAL INFORMATION

YOU MUST LIST THE LAST 3 PLACES YOU HAVE LIVED

■ Current Lease Information (Where you are living now)

Address _____ Date Lease Started ___/___/___ Date Lease Ends ___/___/___

Landlord's Name _____ Monthly Rent \$ _____

Landlord's Address _____

Street City State Zip

Landlord's Phone (____) _____ or (____) _____

■ Previous Rental Information (Previous address)

Address _____ Date Lease Started ___/___/___ Date Lease Ends ___/___/___

Landlord's Name _____ Monthly Rent \$ _____

Landlord's Address _____

Street City State Zip

Landlord's Phone (____) _____ or (____) _____

■ Previous Rental Information (Previous address)

Address _____ Date Lease Started ___/___/___ Date Lease Ends ___/___/___

Landlord's Name _____ Monthly Rent \$ _____

Landlord's Address _____

Street City State Zip

Landlord's Phone (____) _____ or (____) _____

ROOMMATE INFORMATION

Please fill out for all roommates or family members who will be living at the address you are applying for :

Name _____ Date of Birth _____ Relationship to You _____

■ Have you ever broken a lease or been evicted? No _____ Yes _____ (If yes, explain):

■ Have you ever rented from us before? No _____ Yes _____ (If yes, list below):

Address _____ From _____ To _____

■ Do you have any pets? No _____ Yes _____ (If yes, please check if address allows one).

OVER PLEASE

SOURCES OF INCOME

■ Please list your gross income during term of lease you are applying for:

Employment	\$ _____	Gross per month before taxes
Spouse's Employment	\$ _____	Gross per month before taxes
Financial Aid	\$ _____	Per month (MUST provide documentation)
Other*	\$ _____	Per month
Total	\$ _____	Per Month

*Explain "Other": _____

We do not accept alimony, child support, temporary employment, or unemployment income, or any income not reported to the Government

■ If student, do your parents provide financial support? _____ Yes _____ No

For Office Use Only:

Monthly Rent _____
 Total Income _____
 Qualifying Status _____

EMPLOYMENT RECORD

■ Employment during term of lease you are applying for:

Company/Business Name _____ Phone (____) _____

Company/Business Address _____

Street City State Zip

Your Occupation/Title _____ How Long Employed? _____

■ **If Married:**

Spouse's Name _____ Social Security Number _____

Current Address _____

Street City State Zip

Phone Number (____) _____ Date of Birth _____ Age _____

Email _____

Spouse's Employment:

Company/Business Name _____ Phone (____) _____

Company/Business Address _____

Street City State Zip

Spouse's Occupation/Title _____ How Long Employed? _____

EMERGENCY CONTACT

■ Please list a person to contact in case of an emergency:

Name _____ Phone Number (____) _____

Address _____

Street City State Zip

Relationship to You _____

AUTO INFORMATION

■ Please list all autos you will keep at the property:

Make/Model Year State License Plate Number

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize any necessary credit checks for the approval of this application."

X _____ X _____
Applicant's Signature Date

X _____ X _____
Spouse's Signature Date