



PARK HILL DEVELOPMENT APARTMENTS RENTAL APPLICATION

Thank you for your interest in our apartments. Please complete the requested information on this form.

Desired Date of Occupancy: _____ **Date of Application:** _____ **Address:** _____

Non refundable credit /background check fee \$35 _____ Security Deposit Paid (\$500) _____

Name _____ Social Security No. _____

Date of Birth _____ Your Phone Number _____ email _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

Do you have a pet? _____ No cats or dogs are permitted due to allergies and wear and tear on the apartments.

PREVIOUS RESIDENCES

PRESENT Address: _____ For how long? _____

Telephone _____ Are you renting? _____ Amount of rent (mortgage payment): \$ _____

Present landlord: _____ Telephone _____

Reason for moving: _____

PREVIOUS Address: _____ For how long? _____

Landlord: _____ Telephone _____

Amount of rent: \$ _____ Reason for moving: _____

EMPLOYMENT HISTORY

Applicant's employer: _____ Address: _____

Telephone: _____ For how long? _____ Position held: _____

Supervisor: _____ Base Salary: \$ _____/month Additional Income: _____

Previous employer: _____ Address: _____

Telephone: _____ For how long? _____ Position held: _____

Supervisor: _____ Base Salary: \$ _____/month Additional Income: _____

BANK & CREDIT REFERENCES

Bank: _____ Name on Account: _____

City: _____ Account type: checking and/or savings _____

PERSONAL REFERENCE: NAME: _____

Relationship _____ Telephone: _____

VEHICLE & LICENSE INFORMATION

Applicant's Driver's License No. _____ Make of Car: _____ Year: _____

Color of car: _____ License No. _____ State _____ Do you have car insurance: _____

Insurance company name: _____ Name on car title: _____

DEBT

What are your Current Monthly Payments?

IN CASE OF EMERGENCY, notify: _____ Relationship: _____

Telephone: _____ Address: _____

HAVE YOU EVER PLEADED GUILTY, BEEN CONVICTED OF, OR BEEN PLACED ON PROBATION FOR ANY CRIME? _____ Name on record: _____

IF SO, please state: The date of said plea or conviction _____ The Nature of the Offense: _____

The court and state in which such plea or conviction was entered _____

ARE ANY CRIMINAL CHARGES PRESENTLY PENDING AGAINST YOU? _____

IF SO, Please state: The nature of the charge: _____

The court and state in which such charge is pending _____

I recognize that this application for an apartment is subject to acceptance or rejection. Upon payment of an application fee in the amount of **\$ 35.00** and a deposit of **\$ 500** the apartment will be held off the market pending the acceptance or rejection of the application. If application is accepted, the lease is to be signed within-days after applicant is notified of such acceptance. If applicant is not accepted as a resident, the deposit will be returned, except as otherwise noted below. In either situation the application fee of \$35.00 is non refundable.

If application is accepted and applicant does not sign lease, for any reason, the deposit will be forfeited as liquidated damages in payment for holding the apartment off the market and landlord shall be under no obligation to lease to applicant.

In compliance with the FAIR HOUSING REPORTING ACT this notice is to inform you that the 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 ACS Data Search. I hereby grant this property and ACS Data Search 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 liability and responsibility from doing so. An electronic faxed or other copy of this authorization shall be as valid as the original.

I hereby make application for an apartment and certify that this information is correct. I UNDERSTAND THAT IF I HAVE GIVEN ANY FALSE INFORMATION IN OR IN REGARD TO THIS APPLICATION, THE PROPERTY OWNER OR HIS AGENT HAS THE RIGHT TO IMMEDIATELY REJECT THIS APPLICATION.

Applicant's Signature

Date

Verified _____

To Be Completed by Diana or Tenant

Address of Apt	Apt #	Kansas City, MO 64110	# Occupants	Age(s)	Field of Work:	Student Major:
Length of Lease 12 Months Then monthly	Written Notice Required 30 Days	Tenant Pays Gas & Electricity	Deposit	Move In Date:	Monthly Rent: Free Parking	Rent Includes Water/Trash/ Regular speed Internet with Google