

Rental Application

Michael and Cheryl Flory
1921 Quail Run
Lawrence, KS 66047
Website – lawrencerental.com

785-766-7711

E-Mail cherylflory@yahoo.com

Address of unit applying for _____ Date wanted _____

PERSONAL

APPLICANT _____ Phone _____

MARITAL STATUS: Single Married Divorced

BIRTH DATE: _____ SS# _____ DRIVERS LICENSE State Issued by _____ # _____

ADDRESSES

Present Address _____ City/State/Zip _____ Since _____ Rent/ Month _____

Present Landlord _____ Address _____ City/State/Zip _____ Phone (____) _____

Is present rent up to date? Yes No Have you given notice? Yes No Have you been asked to leave? Yes No

Previous Address _____ City/State/Zip _____ Since _____ Rent/ Month _____

Previous Landlord _____ Address _____ City/State/Zip _____ Phone (____) _____

Was rent up to date? Yes No Had you given notice? Yes No Had you been asked to leave? Yes No

OCCUPANTS

Number to occupy _____

NAME	RELATIONSHIP	AGE

CARS

Make/Model/color #1 _____ License Plate #1 _____ State _____

Make/Model/Color #2 _____ License Plate #2 _____ State _____

EMPLOYMENT

EMPLOYER _____ Since _____ PREVIOUS EMPLOYER _____ Since _____

Street _____ City/State _____ Street _____ City/State _____

What do you do? _____ What did you do? _____

Supervisor _____ Hrs. _____ Phone (____) _____ Supervisor _____ Hrs. _____ Phone (____) _____

INCOME

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____

REFERENCE

Relative _____ Relation _____ Non-Relative _____ Phone (____) _____

Address _____ Phone (____) _____ Address _____

City/State _____ Zip _____ City/State _____ Zip _____

Non-Relative _____ Phone (____) _____ Emergency Contact _____ Phone (____) _____

Address _____ City/State _____ Zip _____ Address _____ City/State _____ Zip _____

CREDIT ACCOUNTS

Current (open) include Credit Card(s) CREDITORS NAME	ADDRESS	ACCOUNT #	PAYMENT	CURRENT
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any "YES" answers with names and details.

- Has any signer ever been sued for bills? Yes No
- Has any signer ever been sued for eviction? Yes No
- Has any signer ever been bankrupt? Yes No
- Has any signer ever been guilty of a felony? Yes No
- Has any signer ever broken a lease? Yes No
- Is the total move-in amount available now (rent and deposit)? Yes No

Name in which utilities are now billed and account number _____ # _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X _____
APPLICANT

DATE

DO NOT WRITE BELOW THIS LINE THIS SECTION TO BE COMPLETED BY INTERVIEWER			
Credit Report: (Favorable/Unfavorable) By: _____			
Other Comments: _____			

Deposit: _____	Option _____	Monthly Rent _____	
Unit Applied For: _____			
Terms of Lease _____		Months _____	
Move-in Date _____	Lease Expires _____	Num. Keys _____	
Total Number of Occupants _____			
Separate Pet Deposit _____			
Utilities to be paid by tenants Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/>			