

# PROPERTY MANAGEMENT SERVICES

a division of MPM Services, Inc.

708 W 9th St #107 Lawrence, Kansas 66044 (785) 841-5797

## RENTAL APPLICATION

\_\_\_\_\_ I/We have read both the Application Guidelines and Reasons For Not Approving A Lease

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 (\_\_\_\_) \_\_\_\_\_

## ROOMMATE INFORMATION

Please fill out for all roommates or family members, including minors, 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 been convicted of a felony either sexual or violent? 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 animals? \_\_\_\_\_ Type \_\_\_\_\_ If yes, is it a pet \_\_\_\_\_ or service animal \_\_\_\_\_  
If dog: breed \_\_\_\_\_ Age \_\_\_\_\_ weight \_\_\_\_\_

## 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
<b>Total</b>	<b>\$ _____</b>	<b>Per Month</b>

\*Explain "Other": \_\_\_\_\_

**We do not accept any income not reported to the Government**

- Do you have collections on your credit report (excluding medical or student loans)? No \_\_\_\_\_ Yes \_\_\_\_\_
- If student, do your parents provide financial support? No \_\_\_\_\_ Yes \_\_\_\_\_

*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

Email \_\_\_\_\_

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