

Town House Rental Application

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| Property Name: | Date Application Received: |
|----------------|----------------------------|

Household Information

This application may incur a non-refundable application and processing fee that will not exceed the amount paid to the service provider/credit bureau. You may be charged an application fee for any person age 18 and over.

| Last Name, First Name, MI | SSN, Alien Registration, Work or Student Visa Number | Sex | Date of Birth | Student (Y or N) |
|---------------------------|--|-----|---------------|------------------|
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If the household currently has a person without valid proof of legal status proof of registration must be provided within 90 days. Failure to provide proof could result in eviction proceedings. You must provide a valid picture ID.

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|---|---|
| Current marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated | |
| Do all the persons above plan on living in the unit 100% of the time: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared custody for children | |
| Do you require a live in aide: <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the line in aide certified: <input type="checkbox"/> Yes <input type="checkbox"/> No Family Member: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you expect any household changes in the next year: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is anyone living with you now that will not be living with you on the property: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have full custody of your children: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are any children not currently living with you going to live with you when the new residence is established: <input type="checkbox"/> Yes <input type="checkbox"/> no | |
| Are you in the process of adopting any children: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you care for any foster children or adults: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have a pet: <input type="checkbox"/> Yes <input type="checkbox"/> No Type/Size: | |
| Have you or anyone on the application applied for a therapy pet or service animal: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is everyone in the household a full time student: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does anyone plan on attending school full time in the next twelve (12) months: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Daytime Phone: | Nighttime Phone: |

Housing History

| | |
|--|--|
| Current Address: | |
| How long have you lived at this address: | Do you rent or own: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Neither |
| Landlords Name: | Landlord Phone Number: |
| If you have not lived at the current address for 12 months please provide a previous address. | |
| Previous Address: | |
| How long have did you live at this address: | Did you rent or own: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Neither |
| Landlords Name: | Landlord Phone Number: |
| Will this be your only place of residence: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| As a renter are you aware of your rights and responsibilities under the Kansas Residential Landlord and Tenant Act: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| As a renter are you aware of your rights to file grievances: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you familiar with your rights under the Fair Housing Act: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you currently homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever been evicted: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | |
| Have you ever received a notice for non-payment of rent: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | |
| Do you currently have an overdue balance on rent or utility bills: <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a pay off agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach) |

Do you receive rental assistance: Project based Voucher Other source (Church or other organization, family)

Have you ever received rental assistance: Yes No Are you currently on the rental voucher waiting list: Yes No

Has your rental assistance ever been terminated due to fraud, non-payment, or failure to recertify: Yes no

Are you a previous homeowner that lost your home to foreclosure: Yes No

Have you ever filed for bankruptcy: Yes No Date:

Have you or anyone on the application ever been convicted of a felony in the last five years: Yes No

Are you applying for housing under the Reentry Program for ex-offenders: Yes No

Have you or anyone on the application been convicted of using, possessing for sale, or manufacturing for sale an illegal drug:
 Yes No Date:

Are you or anyone on the application currently in a drug treatment or rehabilitation program: Yes No

Do you require a reasonable modification or accommodation: Yes No

How did you hear about our community: Newspaper Drive by Internet Resident Referral Other

Income

| Income Source | Annual Total Amount | Income Source | Annual Total Amount |
|--|---------------------|---|---------------------|
| <input type="checkbox"/> Wages | | <input type="checkbox"/> Severance Pay | |
| <input type="checkbox"/> Child Support | | <input type="checkbox"/> Self Employment | |
| <input type="checkbox"/> Alimony | | <input type="checkbox"/> Business Income-rental | |
| <input type="checkbox"/> Social Security/SSI | | <input type="checkbox"/> Contributions/Gifts | |
| <input type="checkbox"/> Pension payments | | <input type="checkbox"/> Lottery Winnings | |
| <input type="checkbox"/> Public Assistance/Welfare | | <input type="checkbox"/> Armed Forces Pay | |
| <input type="checkbox"/> VA Benefits | | <input type="checkbox"/> Educational Funds | |
| <input type="checkbox"/> IRA, 401K payments | | <input type="checkbox"/> Medical Care Payments | |
| <input type="checkbox"/> Annuity payments | | <input type="checkbox"/> Inheritance | |
| <input type="checkbox"/> Unemployment | | <input type="checkbox"/> | |
| <input type="checkbox"/> Disability, Death Benefit | | <input type="checkbox"/> | |
| <input type="checkbox"/> Workman's Comp | | <input type="checkbox"/> Other | |

Estimated total income received in one year:

How many applicants have a source of income from what is indicated above:

Has your income recently changed or will it change significantly in the next year: Yes No

If you answered yes above please explain:

Is your household claiming zero income: Yes No

Asset Information

| Asset | Amount of Worth | Interest Earned | Asset | Amount of Worth | Interest Earned |
|--|-----------------|-----------------|---|-----------------|-----------------|
| <input type="checkbox"/> Savings/Checking | | | <input type="checkbox"/> Cash on Hand | | |
| <input type="checkbox"/> CDs, Money Markets | | | <input type="checkbox"/> Life Insurance | | |
| <input type="checkbox"/> Bonds, Treasury Bills | | | <input type="checkbox"/> Real Estate | | |
| <input type="checkbox"/> Stocks, Bonds, Securities | | | <input type="checkbox"/> Rental Property | | |
| <input type="checkbox"/> Trust, Mutual Funds | | | <input type="checkbox"/> Land Contracts | | |
| <input type="checkbox"/> Pensions | | | <input type="checkbox"/> Mortgage for Deed | | |
| <input type="checkbox"/> IRAs, Keoghs, 401K | | | <input type="checkbox"/> Personal Property as an Investment | | |
| <input type="checkbox"/> Safe Deposit Box | | | <input type="checkbox"/> Other | | |

Do you have a revocable/irrevocable trust: Yes No Do you have access to money/assets in the trust: Yes No

Have you or any person on the application disposed of or given away any asset(s) for less than fair market value in the last two years: Yes No

Are your assets worth more than \$5,000: Yes No

Estimated total income received from the assets in one year (include all interest earned):

Do more than one applicant have any specific type asset as indicated above: Yes No

If you answered yes above please explain:

Employer Information

| | | |
|------------------------------|-------------------|-----------|
| Head of Household: | | Employer: |
| Position: | | Address: |
| Hire Date: | Termination Date: | Phone: |
| Salary/Wage: | | Fax: |
| Co-Head of Household: | | Employer: |
| Position: | | Address: |
| Hire Date: | Termination Date: | Phone: |
| Salary/Wage: | | Fax: |
| Additional Household Member: | | Employer: |
| Position: | | Address: |
| Hire Date: | Termination Date: | Phone: |
| Salary/Wage: | | Fax: |
| Additional Household Member: | | Employer: |
| Position: | | Address: |
| Hire Date: | Termination Date: | Phone: |
| Salary/Wage: | | Fax: |

Vehicle Information

| | | |
|-----------------------|-------------------|--------|
| Type/Make of Vehicle: | Year: | Color: |
| License Number: | Insurance Number: | |
| Type/Make of Vehicle: | Year: | Color: |
| License Number: | Insurance Number: | |
| Type/Make of Vehicle: | Year: | Color: |
| License Number: | Insurance Number: | |

Personal Reference/Emergency Contact

| Name | Telephone Number | Emergency Contact |
|------|------------------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Failure to completely fill out this application will delay/stop processing.

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/or signature is our consent to obtain such verification. I/we certify that I/we have revealed all income and asset information. I/we further certify that the statements made in this application/certification are true and complete to the best of my/our knowledge and are aware that missing information and false statements will be reason for denial.

All parties age 18 and over must sign this application

| | |
|----------------------|------|
| Applicant Signature | Date |
| Applicant Signature | Date |
| Applicant Signature | Date |
| Management Signature | Date |