CORE PROPERTY MANAGEMENT INC.

536 WEST CHESTNUT ST * JUNCTION CITY, KS 66441

	_
PROPERTY NAME	
REFERRAL SOURCE	

APPLICATION FOR RESIDENCY

EMAIL ADDRESS APPLICANT:			ADDRE PLICAN							
APPLICANT NAME	AGE	DOB	SS#	FLICANI			CELL PHONE #:			
CO-APPLICANT NAME	AGE	DOB	SS#	CELL PHO				PHONE #:		
RESIDENTIAL - List 3 year history. If addition	l arate page	arate page. HOM								
PRESENT ADDRESS APARTMENT STREET ADDRESS	HOME [HOME [OTHER	R	STAT	E ZIF	P HOW LONG?		
1 LANDLORD/MORTGAGE NAME & ADDR			CITY		STAT	E ZIF	P PHONE ()			
PREVIOUS ADDRESS APARTMENT STREET ADDRESS	HOME OWN HOME OTHE APT# CITY			R	STATE		P HOW LONG?			
2 LANDLORD/MORTGAGE NAME & ADDR	CITY			CITY		STATE		P PHONE		
PREVIOUS ADDRESS APARTMENT			HOME OTHER							
3 LANDLORD/MORTGAGE NAME & ADDR	Fee	APT#	# CIT	Υ	CITY		STAT			
OTHER OCCUPANTS (List all others who w		hwolling):	NAME	AGE DA		OTU AND			()	
Legal Name:	Age		INAIVIE,	AGE, DA	IE OF BIF	XIII ANL		onship:		
Legal Name:	Age	э:	:				Relati	onship:		
Legal Name:	Age	e:					Relati	lationship:		
Legal Name:	Age	e:					Relati	onship:		
EMPLOYMENT/INCOME NAME OF EMPLOYER		INDRESS	S (COME	DI ETE\		I		I EN	MPLOYMENT INCOME	
	OSITION		SS (COMPLETE) SUPERVISOR					EMPLOTMENT INCOME		
ANNUAL INCOME FROM OTHER SOUR										
SOCIAL SECURITY PENSION AMO		OMPLETE	E ADDRI	ESS		ALIMO	NY	OTHER	(List source and amount)	
NAME OF EMPLOYER ADDRESS (COMPLETE) EMPLOYMENT INCOME										
	OSITION	,	JPERVIS	,					WE ESTIMENT INSCINIE	
ANNUAL INCOME FROM OTHER SOUR	CES									
SOCIAL SECURITY PENSION AMO		OMPLETE	E ADDRI	ESS		ALIMO	ONY	OTHER	(List source and amount)	
EMERGENCY CONTACT NAME	ADDRESS					PHON	IE	RELATI	IONSHIP	
PET #1	N P					POUNDS	OUNDS			
PET #2	N PC						OUNDS			
IDENTIFICATION To ensure the safety of our employees and residue.	dents we <i>requ</i>	<i>ire</i> prese	ntation o	f identifica	ition durin	g our apr	olication proc	ess. Plea	ase bring and present	
identification when visiting the property for appli- following is a list of acceptable documents to pro	ovide proper id	lentification	on for ea	ch potentia	al lessee:					
State Driver's License or State/Federal Issue Photo ID	SSPORT Military/Government Issued P Dept Homeland Security (DHS) Employ					(that matches employment or school identified on application)				
Permanent Resident Card or Alien Registrati If Photo ID can not be presented, then the applie	cant must prov	ide at lea	st three	(3) of the		-		tion Doct	ument	
(ti	can provide docum aycheck/Gove hat matches er chool identified	ernment (mploymer	Check nt or		ization Do	ocument			Adoption, Name Change, ion, Paternity	
Native American Tribal Document Vote	er's Registrati	on Card		I						
AUTHORIZATION/SIGNATURE(S)										
I/We authorize you to obtain an investigative Cruinformation will be used to determine eligibility for and/or mode of living, credit standing and crimin information. I also understand and agree that by or local law as to my criminal, credit and/or eviction.	or residency ar nal history, if ar authorizing th	nd may in ny. I unde	clude inf	ormation a	as to my c est the nar	character me of the	, general rep credit-repor	utation, peting agen	ersonal characteristics cy providing credit history	
I have read this Application and I hereby state and represent that the information provided by me in this Application is complete and accurate, and I acknowledge and agree that in the event I enter in a lease with Core Property Management that lease may be cancelled by Lessor in the event any of the information provided by me in this Application, or any other document furnished by me, is materially inaccurate or incomplete. I understand that the Rules and Regulations are adopted for the benefit of all tenants and proper operation of the property and I agree that the tenancy will be subject to them.										
Signature of Applicant:						Date:				
Signature of Applicant: Date:										

CORE PROPERTY MANAGEMENT INC

Have you	Been sued for non-payment? Been asked to move out? Been sued for damage to property?								Declared bankruptcy? Broken a rental agreement?						
Have you ever had an eviction Yes No If yes Explain															
Name of B	led against you? Jame of Bank 1: Jame of Bank 2:								Type of Accoun	t 1 Type	Type of Account 2				
Traine of B	ank 2	·.									I				
Your Vehicle Info: Make: Model: Color:									State:	Plate	#				
Have you or any occupants ever been arrested for, convicted of, put on probation for, or had adjudication withheld or deferred for a felony offense? Yes No If yes, please explain															
DEPOSIT															
The sum of \$ check, is deposited. If this application shall be approved, I agree that the money deposited shall apply toward my security deposit in the amount of \$ and that I will enter into a lease on your standard form. Should this application be cancelled by applicant after 72 hours after receipt of deposit. Deposit will NOT be refunded. Refunds will be mailed from the home office within 15 days of written notice of cancellation. (A non-refundable application processing fee of \$ 25.00 per person will be charged the day the application is completed.) I understand that the rental rate quoted on this application is only guaranteed for a period of N/A _ days from the date or this application. I further understand that the apartment assigned to me cannot be held past the anticipated move in date.															
RENT AUTI	HOR	ZATION													
I(we)							, here	by apply to) lea	se house located a	at				
commencing_						, 2	20 , the	monthly re	ental	of \$	which inclu	ides the following:			
Basic Rent		\$		Pet Deposit	Refundable	;	\$	Non- refunda	abl	\$					
Other Fees				Data Bassi							\$				
Receipt #:				Date Recei	vea:					Date:					
Signature of A	Applic	ant:								Date:					
Signature of A	Applic	ant:								Date:					
PM Signature	:														
					C)FF	FICE US	SE ONL	Υ.						
RESIDENTI Name of	AL F	IISTORY Phone		Contact/	Title Pa	avme	ent History/F	Rent		Problems?	Move in/out	Rent again?	Date		
Company		1 110110		Contact	Contact/Title Payment History/Rent					i resieme.	Dates	rtont again.			
Comments: Completed by	<i>/</i> ·			•		DI/	1 Authorizati	on:							
Completed by	/ .					1 10	1 Auti Ionzati	OII.							
EMPLOYMENT INCOME Applicant's Name Company Name Phone						Contact/Title	Annual Income	Permanent/Temp?	Date						
Employment Employment															
Employment															
Social Securion Alimony/Supp															
Pension															
Other Other															
Comments:				 	T	DM	1 0				1	1	I		
Completed by: PM Authorization:															
CREDIT/CRIMINAL SCREENING Credit Completed by: Approved Denied Date															
PM Authorization		mpleted by: Approved Denied Basis for Denial: mpleted by: Approved Denied							Date						
Criminal Completed by: Approved Denied Date PM Authorization: Basis for Denial: Authorization: Date															
IDENTIFICATION ID Viewed by: Type of ID Viewed Type of ID Viewed Type of ID Viewed															
Type of ID Viewed Type of ID Viewed															
ADDITIONAL COMMENTS															