

CENTURY PROPERTY

3535 W. 13th St. North
Wichita, KS 67203

MANAGEMENT INC.

Phone: 316-263-8110
Fax: 316-263-8828

APPLICATION FOR LEASE

DATE _____ ADDRESS APPLYING FOR _____
RENT \$ _____ DEPOSIT _____ PET DEP. _____ DATE _____
NEEDED _____

NUMBER OF PEOPLE WHO WILL OCCUPY: ADULTS _____ CHILDREN _____
CASH CHECK MONEY ORDER AMOUNT PAID \$ _____ AGES _____
INFORMATION IS REQUIRED ON ALL ADULT RESIDENTS LEASE TERM _____

APPLICANT #1:

*FIRST NAME _____ PHONE _____
*MIDDLE NAME _____ SS# _____
*LAST NAME _____ DATE OF BIRTH _____
MARITAL STATUS _____

PRESENT ADDRESS

LANDLORD OR MORTGAGE CO _____ PAYMENT \$ _____
DATES OCCUPIED _____ PHONE _____
REASON FOR MOVE _____

PREVIOUS ADDRESS

LANDLORD OR MORTGAGE CO _____ PAYMENT \$ _____
DATES OCCUPIED _____ PHONE _____
REASON FOR MOVE _____

EMPLOYMENT INFORMATION:

PRESENT EMPLOYER

ADDRESS _____ PHONE _____
DATES OF EMPLOYMENT _____ TO _____ SUPERVISOR _____
MONTHLY INCOME BEFORE TAXES \$ _____ POSITION _____

PREVIOUS EMPLOYER

ADDRESS _____ PHONE _____
DATES OF EMPLOYMENT _____ TO _____ SUPERVISOR _____
MONTHLY INCOME BEFORE TAXES \$ _____ POSITION _____

ADDITIONAL INCOME OR SUPPORT? _____ HOW MUCH MONTHLY? _____

APPLICANT #2:

*FIRST NAME _____ PHONE _____
*MIDDLE NAME _____ SS# _____
*LAST NAME _____ DATE OF BIRTH _____
MARITAL STATUS _____

PRESENT ADDRESS

LANDLORD OR MORTGAGE CO _____ PAYMENT \$ _____
DATES OCCUPIED _____ PHONE _____
REASON FOR MOVE _____

PREVIOUS ADDRESS _____ **PAYMENT \$** _____
 LANDLORD OR MORTGAGE CO _____ **PHONE** _____
 DATES OCCUPIED _____
 REASON FOR MOVE _____

EMPLOYMENT INFORMATION:

PRESENT EMPLOYER _____ **PHONE** _____
 ADDRESS _____ **SUPERVISOR** _____
 DATES OF EMPLOYMENT _____ **TO** _____ **POSITION** _____
 MONTHLY INCOME BEFORE TAXES \$ _____

PREVIOUS EMPLOYER _____ **PHONE** _____
 ADDRESS _____ **SUPERVISOR** _____
 DATES OF EMPLOYMENT _____ **TO** _____ **POSITION** _____
 MONTHLY INCOME BEFORE TAXES \$ _____

Additional income or support _____ **Amount Monthly?** _____

CREDIT REFERENCES

BANK(S)	ADDRESS	TYPE OF ACCOUNT
1. _____	_____	_____
2. _____	_____	_____

DO YOU HAVE PETS? _____ **HOW MANY?** _____ **SPAYED, NEUTERED OR DECLAWED?** _____

AGE? _____ **WEIGHT?** _____ **TYPE?** _____ **BREED?** _____

AUTOMOBILES AND MOTORCYCLES

MAKE AND MODEL	YEAR	COLOR	LICENSE#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

LIST THREE PEOPLE TO NOTIFY IN THE EVEN OF AN EMERGENCY

1. NAME _____ ADDRESS _____
 RELATIONSHIP _____ PHONE _____

2. NAME _____ ADDRESS _____
 RELATIONSHIP _____ PHONE _____

3. NAME _____ ADDRESS _____
 RELATIONSHIP _____ PHONE _____

I UNDERSTAND THAT THERE IS AN APPLICATION FEE OF \$30.00 PER APPLICANT WHICH IS NOT REFUNDABLE. I UNDERSTAND THAT MY SECURITY DEPOSIT WILL NOT BE REFUNDED IN THE EVENT THAT I DO NOT COMPLETE MY OBLIGATION TO RENT THE UNIT. I UNDERSTAND THAT SECURITY DEPOSIT WILL BE REFUNDED IN THE EVENT MY APPLICATION IS DENIED. I DO UNDERSTAND THAT I AM ACCEPTING THE PROPERTY IN THE CONDITION IT IS IN AT THE TIME OF VIEWING, UNLESS OTHERWISE STATED AS A SUBJECT TOO ON THIS APPLICATION.

APPLICANT #2 SIGNATURE _____ DATE _____
 APPLICANT #1 SIGNATURE _____ DATE _____

CONSUMER NOTIFICATION AND RELEASE

The purpose of this form is to notify you that a consumer report will be obtained with you in the course of consideration of your rental application with: Century Property Management

PLEASE PRINT OR TYPE NEATLY

Applicant 1. Last name First name Middle name

Social security number Date of birth

Driver's license number State of issue

Present address City State Zip code

Applicant 2. Last name First name Middle name

Social security number Date of birth

Driver's License number State Issue

Present Address City State Zip Code

In connection with this request, I authorize all corporations, former employers, law enforcement agencies, city, state, and federal courts, military services, credit reporting agencies and persons to release information they may have about me to the person or company with which this form has been filed, or their agent. I specifically release the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

Applicant's signature

Date

Applicant's signature

Date