## J. R. ELLENA ENTERPRISES

PO Box #23541 Overland Park, KS 66283 (913)963-3599

**Rental Application Form** 

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION PLEASE PRINT- All information must be completed. All blanks must be filled in. The decision to rent to you will depend in great part on your credit history and references.

Date://
Landlord Name:
Address of premises:
YOUR PERSONAL INFORMATION
Full Name
Phone ()
Work Phone ()
Social Security Number
Current Driver's License #
State
Present Address
City State Zip
How Long? If renting, Apartment name/location
Phone (
Landlord/Manager name
Alternative Phone ()
Why are you leaving?
Current Rent \$
Previous Address
CityStateZip
How long? If renting, Apt. Name/location
Phone (
Landlord/Mgr's name
Alternative Phone ()

Why did you			
leave?			
			•
Rent Payment \$			
Present employer			
Present employerPosition	How long?_		
Addicss			-
Phone ()			
Gross Monthly Income before	e deductions \$		
Other Income \$	Source		
Former Employer Position			
Position	How long?		
Address			
Phone ()			
Why did you			
leave?			
	cards Rental store	REFERENCES s, car loans, small loans etc ct# (s)	
Branch			
Checking Savings Loan(s)	a	A D 1 0	**
City	State	Approx. Balance \$	How
long?		A	
Other Active Credit Ref.		Account #	Exp.
Date	G 11. T 1. A		
Type of Account	Credit Limit \$	How long	Are all payables current
?Other Active Credit Ref		Account #	Exp.
Date		-	
Have you ever been evicted?	YES [] NO [].		
Have you ever had a foreclos		Yes [] No []	
E .	explain	[]	
Have you ever filled for bank Explain	-	[]. If yes, Chapter 7 [], C	hapter 13 []
Have you ever been convicted If yes, explain	l of a crime, other	than a traffic violation ? Y	es [] No [].

## PERSONAL REFERENCES

				contact to verify your character.)
Name			Relationship	
Phone				
()		Address		City
S		Zip		
Name			Relationship	
Phone (_	)	Addres	S	
City		State	RelationshipsZip	
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			<b>EMERGENCY</b>	
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Name			Relationship	
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City		State	zsZip	The state of the s
Name		***************************************	Relationship	
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		ОТ	HED INCODMATION	
(0.1			HER INFORMATION	
(Other pe	rsons, includ	ding children who w	vill live in the dwelling uni	t)
Name				
Name				
Name				
1 varie			Annual Control of the	
NT.				
Name			the state of the same of the s	
			*PETS	
Name		Type	Weight_	ior Management consent and
Name		Type	Weight	
*NOTE: N	No pets are a	allowed at any time	on the premises without pr	ior Management consent and
navment o	of fees NO	EXCEPTIONS	are bremmen minion hi	201 Transportent Combont and

MOTOR VEHICLES  LIST ALL MOTOR VEHICLES, INCUDING RECREATIONAL TO BE KEPT AT THE PROPERT MAKE COLOR MODEL YEAR LICENSE PLATE# STATE MONTHLY PAYMENT  S  Ideclare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their authorized agents, or contacting creditors, present or former landlords, employers and personal references, whether isted or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute ground for rejection of the application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.  Applicant's Authorization	Date of desired occupancy	7.7	Anticipated leng		2 1 5331 53
LIST ALL MOTOR VEHICLES, INCUDING RECREATIONAL TO BE KEPT AT THE PROPERT MAKE COLOR MODEL YEAR LICENSE PLATE# STATE MONTHLY PAYMENT    S	Do you own: Vacuum cleaner [	] Lawn mowe	er [ ] Waterbed [ ] Music	al inst. [ ] S	Smoker yes [ ] No [ ]
LIST ALL MOTOR VEHICLES, INCUDING RECREATIONAL TO BE KEPT AT THE PROPERT MAKE COLOR MODEL YEAR LICENSE PLATE# STATE MONTHLY PAYMENT    S					
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