Date & Time Stamp	
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Rental Application

Please complete the following application and return it to **The Leasing Office 4641 W. 6th St, Lawrence, KS 66049.** All items must be completed in order to determine your eligibility. **Incomplete applications will be returned**. If an item does not apply to you, please mark "N/A" on that line. Every applicant will be required to go through a formal interview before eligibility is determined.

A.	Gene	ral Inf	ormati	on - Ple	ease circ	ele one:	MR.	MRS.	MS.	MISS	
App I	e:	_		_							
Addro City:				State	::	Zip:					
Dayti	me Tel	ephone	e Numb	er:				_ E-Mail A	Address: _		
Prope	erty Na	me:									
	Size:	1BR	2BR	3BR	4BR	List De	esired Apt	. Number (1	1 st , 2 nd , 3 rd	Choice):	
R	Hous	ehold (Compo	cition	List all	norcone	including	T voursalf	who will l	ha living in the anartment	

B. Household Composition – List all persons, including yourself, who will be living in the apartment.

Name (List Head of Household first)	Relationship	Drivers License	Birth Date	Social Security Number
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				

C. Income – All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Wages – Gross Monthly Amount Employer Name:	\$
	Wages – Gross Monthly Amount Employer Name:	\$
	Social Security/Pension – Gross Monthly Amount	\$
	Child Support/Alimony - Monthly Amount	\$
	Interest Income - Gross Monthly Amount (i.e., interest earned from bank accounts, CD's, stocks, bonds, etc.)	\$
	Other Monthly Income	\$

		_	_	
Name of Landlord	Address	Rental Amount	Phone Number	Period Rented
1. Current:				From:
				To:
2.				From:
				To:
3.				From:
				To:
E. Other Information		¬		
-	ther or any other type of voucher? Yes	l No l		
Have you ever been evicted or	served with a Notice to Quit? Yes	No L		
If yes, describe reason(s):				
List any vehicles that you own	: Yr./Make:		License Plate	
, ,				
	Yr./Make:		License Plate _	
Do you own a pet? Yes	No If yes, describe			
In case of emergency notify:				
Address:				
Relationship:	Phone	#:		
	'			
H. Signatures				
	4.75 48.14	D.1: 1.1	1 '4 41	
i certify that I received	the community's Tenant Selection	Policy and na	ve read it thoroi	igniy.
Signed:				
Head of Househ	old	Da	ate	
- (C. T				
Spouse/Co-Tena	ant	Date		
Authorization				
agencies, offices, credit bureau the application. The informati	lly to <u>rohanridgemgr@prodigem.biz</u> , I/we cas, landlords, or professional references for on provided will be used solely for the determinant on that is supplied will be kept con	the purpose of ver- ermination of my/o	ifying the information	on I/we have provided on
<u>Signatures</u>				
Applicant Signature		Date		
C. A. 11 (C)		D.4		
Co-Applicant Signatu	ire	Date		