## **Capital Development LLC**

## **Summerlon Triplex**

200 W. Beeson Rd. Suite A (620)255-5401

## **RENTAL APPLICATION**

**Equal Housing Opportunity** 

The undersigned hereby makes an application to rent unit:		
Anticipated move in date of:	Monthly rent of: \$	
Security deposit of: \$		
PLEASE TELL US ABOUT YOURSELF		
Full Name:	Home Phone #:	
Date of Birth:	Social Security #:	
Email Address:	Other Phone:	
Co-Applicant Name:	Home Phone #:	
Co-Applicant Date of Birth:	Social Security #:	
Name of Dependent(s):	Dependent(s) Date(s) of Birth:	
List Pet/Breed:		
PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)  Current Address:	Apt #:	
Month / Year Moved In:	Rent \$:	
Reason for Leaving:		
Owner / Agent:	Phone:	
Previous Address (last 3 years):		
Owner / Agent:		
Rent \$:		
PLEASE DESCRIBE YOUR CREDIT HISTORY		
Have you declared bankruptcy in the past (7) years:	Yes:	No:
Have you ever been evicted from a rental residence?	Yes:	No:
Have you had two or more late rental payments in the past year?	Yes:	No:
Have you ever willfully or intentionally refused to pay rent when do	ue? Yes:	No:

## PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Employment Status: Full-time:	Part-time:	Student:	Unemployed:
Employer:	Pr	none:	
Dates Employed:			
Position:			
Salary \$:	Pay Perio	d:	
If employed by above for less than	12 months, give name & phon	e of previous emp	loyer or school:
Employment Status: Full-time:	Part-time:	t-time: Student: Unemployed:	
Employer:	Pr	none:	
Dates Employed:			
Position:			
Salary \$:	Pay Perio	d:	
Amount: \$ Name:	Source/Contact:		
Name:			
Bank Accounts:			
Name:	Type of Account:	Checking:	Savings:
Name:	Type of Account:	Checking:	Savings:
PERSONAL REFERENCES (2):			
Name:	Ac	ldress:	
Relationship:		none #:	
Name:	Ac	ldress:	
Relationship:	Pr	_ Phone #:	
DRIVERS LICENSE:			
Your Driver's License Number:		State Issued	:
VEHICLE INFORMATION:			
Make/Model:		Year:	
License Plate Number:		State Issued	:

ADDITIONAL INFORMATION: Please give any additional information that might help owner/management evaluate this application:			
Thease give any additional information that if	nght help owner/management evaluate this application.		
EMERCENCY CONTACT:			
EMERGENCY CONTACT:  Name:	Address:		
Relationship:	<u> </u>		
Nelationship.	Thone #.		
Where may we reach you to discuss this a	annlication?		
Day Phone #:			
and agree that the rental is to be payable the owner of the property and to the agent to acc are true; however, should any statement made	premises for the term and upon the set conditions above set forth e first day of each month in advance. As an inducement to the cept this application. I warrant that all statements above set forth de above be a misrepresentation or not a true statement of facts, all gent's cost, time, and effort in processing my application.		
3 business banking days. Upon acceptance, so approved and accepted, I agree to execut and to pay the balance of the security depos accepted by the owner or agent, the deposit damages by reason off non-acceptance which procedure for processing my application, and information is obtained through personal interpretation.	nest money to be refunded to me if this application is not accepted in this deposit shall be retained as part of the security deposit. When the a lease for months before possession is given it prior to the move in date. If the application is not approved or will be refunded, the application hereby waiving any claim for the owner or agent may reject. I recognize that as a part of your dinvestigative consumer report may be prepared whereby erviews with others with whom I may be acquainted. This inquiry eral reputation, personal characteristics and mode of living.		
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Please Sign: X			
Name of Applicant:	Date:		