Capital Development LLC Tatanka Village

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):	Dependant(s) Age(s):	
List Pet/Breed:		
PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)	• • •	
Current Address:		
City: State:		Zip:
Month / Year Moved In:	Rent \$:	
Reason for Leaving:		
Owner / Agent:	Phone:	
Previous Address (last 3 years):		
Owner / Agent:	Phone:	
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:

Yes: _____

No: ____

Have you ever willfully or intentionally refused to pay rent when due?

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Employment Status: Full-time:	Part-time: S	itudent:	Unemployed:
Employer:	Pho	one:	
Dates Employed:			
Position:			
Salary \$:	Pay Period	l:	
• If employed by above for less than		of previous empl	loyer or school:
Employment Status: Full-time:	Part-time: S	tudent:	Unemployed:
Employer:	Pho	one:	
Dates Employed:			
Position:	Supervisor	s Name:	
Salary \$:	Pay Period	l:	
or spouse's income unless you want us Amount: \$	to consider it in this application Source/Contact:		
Name:			
PLEASE LIST YOUR REFERENCES: • Bank Accounts:			
Name:	Type of Account:	Checking:	Savings:
Name:	Type of Account:	Checking:	Savings:
PERSONAL REFERENCES (2):			
Name:	Ade	Address:	
Relationship:			
Name:			
Relationship:	Pho	one #:	
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:

EMERGENCY CONTACT:	
Name:	Address:
Relationship:	Phone #:

Where may we reach you to discuss this application?

Day Phone #: _____

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application. I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

Night Phone #:

I hereby deposit \$ _______ as earnest money to be refunded to me if this application is not accepted in 3 business banking days. Upon acceptance, this deposit shall be retained as part of the security deposit. When so approved and accepted, I agree to execute a lease for _______ months before possession is given and to pay the balance of the security deposit prior to the move in date. If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the application hereby waiving any claim for damages by reason off non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, and investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

The above information, to the best of my knowledge, is true and correct.

Please Sign: X_____

Name of Applicant:

Date: