

KENCO APARTMENTS

www.KencoApartments.com

Rental Application

_____ Complex _____

Name _____ DOB _____ S.S. _____ Dr.Lic. _____

Spouse/Joint Res _____ DOB _____ S.S. _____ Dr.Lic. _____

Children and ages _____
Present home address _____ Phone _____

If renting, rent amount \$ _____ paid to _____ Phone _____

Resident manager _____ Phone _____

Dates here? _____ Reason moving? _____

Prior address _____

Resident manager _____ Phone _____ Dates here _____

Person to contact in emergency _____ Phone _____

Address _____ Phone _____

Doctor to contact in emergency _____ Phone _____

Vehicles: Make _____ Model _____ Year _____ Lic.No. _____ State _____
Make _____ Model _____ Year _____ Lic.No. _____ State _____

Employment

Employer _____ Position _____ Date employed _____

Address _____ Supervisor _____ Phone _____

Previous employer _____ Address _____

Supervisor _____ Phone _____ Reason for change? _____

Spouse's employer _____ Date employed _____

Address _____ Supervisor _____ Phone _____

Income:

Applicant

Spouse

Weekly working income \$ _____ \$ _____

Weekly other income \$ _____ \$ _____

Total income \$ _____ \$ _____

Fill in and fax/call the location of your choice.

References/Credit Information

Bank _____ Branch _____ Phone _____ Acct.No. _____
Bank _____ Branch _____ Phone _____ Acct.No. _____
Business _____ Phone _____ Acct.No. _____
Business _____ Phone _____ Acct.No. _____
Personal: Name _____ Address _____ Ph.# _____
Name _____ Address _____ Ph.# _____

Criminal History

1. Have you ever been convicted of or pleaded guilty of "no contest" to a felony (whether or not resulting in a conviction)? YES NO
2. Have you ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? YES NO

Apartment applied for: _____ Rent\$ _____ Move-in date _____ Term _____

Application Fee: \$ _____ is hereby tendered for purpose of obtaining information on past rental history, credit and finances in order to determine my qualifications to become a Kenco resident, understanding that this information will be used for no other purpose, and will be treated in strictest confidence. Applicant gives Kenco permission to confirm all references and information.

Reservation Deposit: \$ _____ is hereby tendered pending approval of this application. If approved, I agree to enter into management's Residential Rental Agreement, at which time the reservation deposit will be applied against any security deposit owed. Should this application be cancelled by me within 72 hours of application date and time, then this deposit will be refunded. If cancelled after that date and time, this entire deposit will be forfeited.

Acknowledgment: I have read this application and the Rules and Regulations of the Residential Rental Agreement, and I agree to obey them, including forbidding pets, unmarried couples, waterbeds, commercial vehicles and such. I understand that the Rules and Regulations are for the benefit of all residents and for proper operation of the property, and I will abide by them. I also agree that Kenco will not be under any obligation because of approval of this application or for any other reason. By signing this application, I declare that all of the information I have given is true and complete and authorize Kenco to verify this information. Any false statement on this application can lead to rejection of the application or immediate termination of my lease.

Resident Manager _____ Applicant _____
Date and Time _____
Reason for rejecting applicant, if applicable _____

Fill in and fax/call the location of your choice.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize

(Name of Apartment Complex)

and their agents to receive any **CRIMINAL HISTORY** record information pertaining to me which may be in the files of any state, local or national criminal justice agency or repository. I release all parties from liability for damages for issuing such information in good faith.

FULL NAME: _____

SSN: _____ - _____ - _____

ADDRESS: _____ APT NO: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

The following information is required to insure an accurate match and used for no other purpose.

SEX: _____ RACE: _____ DATE OF BIRTH: _____
