

APTS INC.

Apartment Personnel & Tenant Solutions, Inc.

(call us) 816-756-2380

816-460-0722

P.O. Box 9015 • Shawnee Mission, KS 66201 • (913) 384-9777 • Fax: (913) 384-9757

PROPERTY: _____ UNIT: _____ RENT AMT: _____

DATE: _____ DESIRED DATE OF OCCUPANCY: _____

Name: _____ SSN: _____ Date of Birth: _____

Spouse: _____ SSN: _____ Date of Birth: _____

Drivers Lic. State: _____ Number: _____ Spouses Drivers Lic. State: _____ Number: _____

Your home phone #: _____ Cell Phone #: _____ Work phone #: _____ Work Fax #: _____

Number of Occupants: _____ Pets?: _____ Description: _____

Marital Status: Married _____ Divorced _____ Single _____ Maiden Name: _____

In case of emergency, Notify: _____ Phone #: _____

Part I - RESIDENCE HISTORY - Last Five Years

A. Present Address _____ Home Phone _____ Dates Rented From _____ To _____
 Present Landlord/ # City State Zip
 Complex Name: _____ Name-Address (Show mortgage company if buying)
 Circle One: Friend Family Landlord Phone: _____

B. Present Address _____ Home Phone _____ Dates Rented From _____ To _____
 Present Landlord/ # City State Zip
 Complex Name: _____ Name-Address (Show mortgage company if buying)
 Circle One: Friend Family Landlord Phone: _____

A. Present Address _____ Home Phone _____ Dates Rented From _____ To _____
 Present Landlord/ # City State Zip
 Complex Name: _____ Name-Address (Show mortgage company if buying)
 Circle One: Friend Family Landlord Phone: _____

Part II - EMPLOYMENT & BANK REFERENCES

A. Employed by _____ Phone _____ To mo. _____ yr. _____
 Address _____ Dept. or Position _____ Gross Mo. Income _____
 From mo. _____ yr. _____

B. Spouse's Employment or 2nd Employer _____ Phone _____ To mo. _____ yr. _____
 Address _____ Dept. or Position _____ Gross Mo. Income _____
 From mo. _____ yr. _____

C. Make Model & Year on all Residence Vehicles: _____

D. Bank Reference _____ Phone _____ How Long _____
 Address _____ Account No. _____
 (Indicate checking or savings)

E. Other Income & Amount _____
 (Verification will be requested. Please list any SSI, Pension, Disability, Student Grants, Dividends, Etc.)

F. Full Time / Part Time Student? YES _____ NO _____ Have you ever been convicted of a felony? YES _____ NO _____

CHARACTER REFERENCES: (FAMILY EXCLUDED)

1. _____ Address _____ Phone _____

2. _____ Address _____ Phone _____

FALSE STATEMENTS OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THIS APPLICATION

This application must be signed by all adults who will occupy the apartment before it can be considered by Landlord. Acceptance of this application, and any monies deposited herewith is not binding upon Landlord until approved by Landlord in writing. If approved, monies deposited with this application will be held as a reservation deposit to be either returned to applicant or credited toward any deposit which may be required by applicant at the time a rental agreement is secured. If approved and the rental unit is held for applicant for more than _____ day(s), then applicant withdraws the application, all monies deposited shall be forfeited to Landlord.

Non-Refundable Application Processing Fee: \$ _____

In Compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. The undersigned agrees this application and any information reports will remain the property of Landlord and APTS, Inc.

I hereby grant this property and APTS, Inc. the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies and law enforcement agencies academic institutions and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

Security Deposit \$ _____

Pet Deposit \$ _____

Total Required \$ _____

Amount Paid \$ _____

Deposit Due \$ _____

Leasing Agent _____

Signature of Applicants (Spouse signature required)

X _____

X _____

X _____
 (co-signer)

X _____
 (co-signer)

TO BE COMPLETED BY CO-SIGNERS

Name: _____ SSN: _____ Date of Birth: _____

Spouse: _____ SSN: _____ Date of Birth: _____

Address: _____ Apt #: _____ City, State, Zip: _____