

APPLICATION FEES:

\$35.00 Individual
\$50.00 Joint
\$10.00 Each additional individual over 18 years of age.

Money order, or cashier's check only. **NO CASH ACCEPTED!**

PINE CREEK APARTMENTS
2919 S. GEORGE WASHINGTON BLVD., #1
WICHITA, KS 67210
(316) 651-5334 Office

Hours: Monday – Friday 10:00 a.m. to 5:00 p.m.
Saturday - By appointment only. Sunday – Closed

APPLICATION TO LEASE

The undersigned hereby makes application to Lease property/unit _____ in the amount of \$ _____ per month.

PERSONAL INFORMATION

Name _____ Phone # _____ Date of Birth _____
Social Security # _____ Driver License # _____ State _____ Expires _____
E-Mail: _____

Co-Applicant Name _____ Phone # _____ Date of Birth _____
Social Security # _____ Driver License # _____ State _____ Expires _____
E-Mail: _____

Names of children under 18 living with you: _____
Names of any other adults living with you not on the Lease: _____

RESIDENCE HISTORY - APPLICANT

(Please provide 2 years of history – attach additional information if necessary.)

Current Address _____ City/State/Zip _____
Date From _____ To _____ Monthly Payment _____ Rent ___ Own ___
Landlord Name _____ Phone # _____

Previous Address _____ City/State/Zip _____
Date From _____ To _____ Monthly Payment _____ Rent ___ Own ___
Landlord Name _____ Phone # _____

Previous Address _____ City/State/Zip _____
Date From _____ To _____ Monthly Payment _____ Rent ___ Own ___
Landlord Name _____ Phone # _____

RESIDENCE HISTORY – CO-APPLICANT

(Please provide 2 years of history – attach additional information if necessary.)

Current Address _____ City/State/Zip _____
Date From _____ To _____ Monthly Payment _____ Rent ___ Own ___
Landlord Name _____ Phone # _____

Previous Address _____ City/State/Zip _____
Date From _____ To _____ Monthly Payment _____ Rent ___ Own ___
Landlord Name _____ Phone # _____

Previous Address _____ City/State/Zip _____
Date From _____ To _____ Monthly Payment _____ Rent ___ Own ___
Landlord Name _____ Phone # _____

EMPLOYMENT INFORMATION – APPLICANT

(Please provide 2 years of history – attach additional information if necessary.)

Current Employer _____ Phone # _____
Address _____ City/State/Zip _____
Dates From _____ To _____ Gross Monthly Salary \$ _____ Position _____
Applicant to provide a copy of paycheck stub before application is processed.

Previous Employer _____ Phone # _____
Address _____ City/State/Zip _____
Dates From _____ To _____ Gross Monthly Salary \$ _____ Position _____

EMPLOYMENT INFORMATION – CO-APPLICANT

(Please provide 2 years of history – attach additional information if necessary.)

Current Employer _____ Phone # _____
Address _____ City/State/Zip _____
Dates From _____ To _____ Gross Monthly Salary \$ _____ Position _____
Co-Applicant to provide copy of paycheck stub before application is processed.

Previous Employer _____ Phone # _____
Address _____ City/State/Zip _____
Dates From _____ To _____ Gross Monthly Salary \$ _____ Position _____

CREDIT REFERENCES

Name _____ Acct # _____ Balance \$ _____ Monthly Payment \$ _____
Name _____ Acct # _____ Balance \$ _____ Monthly Payment \$ _____
Name _____ Acct # _____ Balance \$ _____ Monthly Payment \$ _____
Name _____ Acct # _____ Balance \$ _____ Monthly Payment \$ _____

OTHER INFORMATION

Please List Two (2) Relatives/Friends not living with you:

Name _____ Relationship _____
Address _____ Phone # _____

Name _____ Relationship _____
Address _____ Phone # _____

Please List Vehicles:

Make/Model _____ Year _____ Color _____ Tag #/State _____
Make/Model _____ Year _____ Color _____ Tag #/State _____

Other Vehicle (Motorcycle, etc.) _____

Do you have any pets? _____ If so, please list: _____

HAVE YOU OR YOUR CO-APPLICANT EVER: Been sued for non-payment of rent? _____ yes _____ no
Been sued for damage to rental property? _____ yes _____ no Declared Bankruptcy? _____ yes _____ no
Been evicted or asked to move out? _____ yes _____ no Broken a Lease Agreement Before? _____ yes _____ no
Comments/explanations _____

IN CASE OF PERSONAL EMERGENCY, PLEASE NOTIFY: _____
Relationship _____ Home Phone _____ Work Phone _____

PLEASE READ CAREFULLY BEFORE SIGNING:

In consideration for taking this premises off the market, applicant(s) have delivered a deposit in the amount of \$ _____. If applicant(s) are approved and the contemplated lease is entered into, the deposit shall be credited to the required security deposit. If the applicant(s) withdraws application or notifies Landlord that they have changed their mind after being approved, the deposit of all parties will be retained by Landlord as damages.

Applicant(s) understand they are responsible for payment of all utility deposits and bills.

By signing this application, applicant(s) represent and warrant the accuracy of the information provided. Applicant(s) authorize an investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision. Applicant(s) hereby authorize the access of any credit information available personally up to and including a consumer credit report. Applicant(s) understand that the Landlord may terminate any lease agreement entered into for any misrepresentations made above. The cost of tenant screening services is \$35.00 to be paid by the applicant(s). This cost is not rent or deposit and will NOT be refunded.

Applicant's Signature _____ Date _____
Co-Applicant's Signature _____ Date _____
Landlord Signature _____ Date _____

FOR OFFICE USE ONLY

Deposit Received \$ _____ Date Received _____ Date of Lease _____ Term of Lease _____

Comments _____



Financial Investigative Services

PINE CREEK APARTMENTS
(TREVOR BURFORD)

**CREDIT & BACKGROUND
AUTHORIZATION FORM**

**ATTN: KELI SANDERS
FAX: 866-782-1206**

NAME: _____

HOME ADDRESS
FOR THE PAST 10 YEARS: _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

I hereby authorize inquiries by NCO Financial Systems, Inc., Financial Investigative Services into my personal, financial, and law enforcement background. This may include contact with credit reporting agencies, employers, state, federal or government agencies, or other institutions that can provide information relating to this investigation.

(Signature)

(Date)