



700 Ward Parkway • Kansas City, MO 64112  
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# Rental Application

Notice: Co-Applicant must complete a separate Rental Application Form

The undersigned hereby makes application to rent apartment number \_\_\_\_\_ located at \_\_\_\_\_  
for \_\_\_\_\_ months, beginning on \_\_\_\_\_ 20\_\_\_\_\_, at a monthly rental of \_\_\_\_\_

**PLEASE TELL US ABOUT YOURSELF (Current Photo ID required)**

Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Co-Applicant \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Email \_\_\_\_\_ Other Occupants \_\_\_\_\_  
How many Pets? \_\_\_\_\_ Kind of Pet, Breed, Weight and Age \_\_\_\_\_

**PLEASE GIVE YOUR RESIDENCE HISTORY (Beginning With Most Current)**

CURRENT ADDRESS \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
PREVIOUS ADDRESS \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
PREVIOUS ADDRESS \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Payment \_\_\_\_\_

**PLEASE GIVE YOUR EMPLOYMENT INFORMATION (Provide Copy of Most Recent Paystub)**

YOUR STATUS:  Employed Full-Time  Employed Part-Time  Not Employed  Retired  Student\*  
CURRENT EMPLOYER (Or Most Recent) \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date(s) Employed/From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_  
PREVIOUS EMPLOYER \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date(s) Employed/From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_

\* LIST SCHOOLS AND DATES ATTENDED (within past 2 years) \_\_\_\_\_

## OTHER INFORMATION

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

YOUR DRIVER'S LICENSE NUMBER \_\_\_\_\_ State \_\_\_\_\_

YOUR VEHICLE MODEL/COLOR \_\_\_\_\_ Year \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_

SECOND VEHICLE MODEL/COLOR \_\_\_\_\_ Year \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_

HAVE YOU OR CO-APPLICANT EVER: Declared bankruptcy?  Yes  No Been evicted or asked to move out?  Yes  No

Refused to pay rent when due?  Yes  No Been convicted of a felony?  Yes  No

If yes to the above, please explain \_\_\_\_\_

Please give any additional information which might help management evaluate this application:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our property? \_\_\_\_\_

IN CASE OF PERSONAL EMERGENCY, NOTIFY: \_\_\_\_\_ Relationship \_\_\_\_\_

Full Address \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

I hereby apply to lease the above described premises for the term and upon the conditions set forth and agree that the rental is to be due & payable on the 1<sup>st</sup> day of each month in advance. I warrant that all statements above set forth are true. I hereby deposit \$400.00 as earnest money to be refunded to me only if this application is not approved. Upon approval of this application, this deposit, less nonrefundable administrative fee of \$125.00, shall be retained as the security deposit. When so approved & accepted, I agree to execute a lease for the agreed term to be signed before possession is given. I understand that if I fail to take possession and execute a lease as agreed the deposit will be forfeited as liquidated damages. If application is not approved, I hereby waive any claim for damages by reason of non-approval which the owner or his agent may reject without stating any reason for so doing.

APPLICANT REPRESENTS THAT ALL THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE ITEMS INCLUDING, BUT NOT LIMITED TO, THE OBTAINING OF A CONSUMER CREDIT REPORT AND AGREES TO FURNISH ADDITIONAL CREDIT REFERENCES UPON REQUEST. APPLICANT CONSENTS TO ALLOW OWNER/AGENT TO DISCLOSE TENANCY INFORMATION TO PREVIOUS OR SUBSEQUENT OWNERS/AGENTS.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

## APPLICANT: PLEASE DO NOT WRITE BELOW

Photo ID Received By (Name) \_\_\_\_\_ Date \_\_\_\_\_

Application Fee of \$40 and Deposit of \$400 Received By (Name) \_\_\_\_\_ Date \_\_\_\_\_

Reference Verification Name	Reference Comments

This Application:  APPROVED  NOT APPROVED By \_\_\_\_\_ Date \_\_\_\_\_

Applicant Notified By (Name) \_\_\_\_\_ Date Notified \_\_\_\_\_

Adverse Action Letter Mailed By (Name) \_\_\_\_\_ Date Mailed \_\_\_\_\_