



RENTAL APPLICATION

10010 EAST BOSTON • WICHITA, KS 67207 • HIGHBRIDGEMANAGEMENT.COM

Telephone 316 269 0909 • Facsimile 316 269 1021

Applicant #1:

Full Name: _____
 (First Middle Last) *Middle name required

Date of Birth: ____/____/____ SS#: ____-____-____

Driver's License #: _____ State: _____

Present Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Previous Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone # Home: _____ Cell: _____

Email: _____

Car Make & Model: _____ Tag #: _____

Applicant #2:

Full Name: _____
 (First Middle Last) *Middle name required

Date of Birth: ____/____/____ SS#: ____-____-____

Driver's License #: _____ State: _____

Present Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Previous Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone # Home: _____ Cell: _____

Email: _____

Car Make & Model: _____ Tag #: _____

Applicant #1 Employment / Income:

Name of Employer: _____

Address: _____ Phone#: _____

Position: _____ Income/Mo: _____ Start Date: _____

Other Income Source & Amount/Mo: _____

Examples: Grants / Retirement / Child Support / CD's / Investments

Do you have a savings account? If yes, balance: \$ _____

Applicant #2 Employment / Income:

Name of Employer: _____

Address: _____ Phone#: _____

Position: _____ Income/Mo: _____ Start Date: _____

Other Income Source & Amount/Mo: _____

Examples: Grants / Retirement / Child Support / CD's / Investments

Do you have a savings account? If yes, balance: \$ _____

List all other persons that will be occupying the rental unit:

Name: _____

Relationship to Lessee: _____ Age: _____

Name: _____

Relationship to Lessee: _____ Age: _____

(All persons over 18 must complete application and will be on any lease)

Name: _____

Relationship to Lessee: _____ Age: _____

Name: _____

Relationship to Lessee: _____ Age: _____

Landlord References:

Present Landlord: _____

Telephone #: _____

Previous Landlord: _____

Telephone #: _____

Have you given 30 day notice? _____ Do you have pets? _____

Rental Address: _____

Monthly Rent: _____ Length of tenancy: _____

Rental Address: _____

Monthly Rent: _____ Length of tenancy: _____

No. of pets: _____ Kind of pets: _____

Alternative Credit Reference (optional):

Name: _____

Do you have a good credit history? _____

How did you hear about this property? ___ Sign ___ Ad ___ Internet ___ Other Referred by: _____

Have you ever been convicted of a felony? If yes, please explain: _____

Address: _____ Phone#: _____

Have you ever been evicted? _____

I/we, the undersigned, certify that the above is true to the best of our knowledge and that we are the only people that will reside in the rental unit if this application is accepted. The landlord may use and/or verify all references above to procure my/our credit history.

Applicant #1: _____ Date: _____ Applicant #2: _____ Date: _____

Deposit and Condition Form

I understand that my security deposit will be returned to me if for any reason I am turned down. I also understand that if I **do not complete** my obligation to lease that my security deposit **will not be returned**.

Property Address: _____ Apartment #: _____

Security Deposit: \$ _____ Satellite Dish Deposit (\$150.00): \$ _____

Pet Deposit (\$150.00/pet): \$ _____ Confirm pet type(s): _____
 (it is agreed and understood that an additional \$15.00 / pet per month will be charged for monthly pet rent)
Pet deposit(s) may be paid at time of move in

Move In Date: _____

Signature: _____ Date: _____

If this is a property constructed before 1978, there is a possibility that it contains lead based paint and/or asbestos.

All payments must be in the form of a personal check, cashier's check, or money order. Cash will NOT be accepted.

It is agreed and understood that the lease term is for a period of **one year plus the applicable prorated days**, should move in date be any other than the first day of the month. This property will be accepted in "as is" condition. Please note any improvements you will expect.

 Applicant Date

FOR OFFICE USE ONLY

| | Amount | Check # |
|-------------------|--------|---------|
| Rent Deposit | | |
| Pet Deposit | | |
| Satellite Deposit | | |
| Authorized by: | | |
| Move in Date: | | |

Authorization of Deposit Return
 Signature: _____
 Date: _____

Monthly Charges Breakdown
 Monthly Base Rent: \$ _____
 Monthly Pet Rent: \$ _____
TOTAL MONTHLY: \$ _____

Tenant Release and Consent

I / We _____, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to Park Meadows Apartments, for the purposes of verifying information, on my/our apartment rental application.

It is agreed and understood that all rights provided to Park Meadows Apartments also applies to Park Partners X, LLC and Highbridge Management, Inc.

INFORMATION COVERED

I / We understand that previous or current information regarding myself / ourselves may be needed. Verifications and inquiries that may be requested include, but are not limited to: consumer credit report, civil and criminal background report, personal identity; employment, income and assets; medical or child care allowances. I / We understand that this authorization cannot be used to obtain information about me / us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | |
|------------------------------------|-------------------------------------|
| Past and Present Employers | Welfare Agencies |
| Veterans Administration | Previous Landlords |
| State Unemployment Agencies | (including public housing agencies) |
| Retirement Systems | Social Security Administration |
| Banks/Other Financial Institutions | Support and Alimony Providers |
| Medical and Child Care Providers | Law Enforcement Agencies |
| Credit Reporting Agencies | |

CONDITIONS

I / We swear that all of the information provided above is true and correct. I / We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I / We understand that all inquiries will be made by Highbridge Management, Inc. I / We understand I / we have a right to review this file and correct any information that is incorrect.

Signature Date

Signature Date

Management Signature Date

Residential Certification Questionnaire

Income Information

YES NO Est. \$

- 1. I am employed and receive wages, salary, commissions etc.
- 2. I receive unemployment benefits and/or workman's comp.
- 3. I receive veterans, National Guard or military benefits/income.
- 4. I receive Social Security/SSI payments.
- 5. I receive disability or death benefits other than Social Security.
- 6. I receive Public Assistance Income (example: TANF).
- 7. I am receiving or entitled to receive child support payments.
- 8. I receive alimony/spousal support payments.

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Assets Information

- 9. I have a checking account.
- 10. I have a savings account.
- 11. I own Stocks, Bonds or Treasury Bills.
- 12. I have Certificates of Deposit (CD) or Money Market Account(s).
- 13. I have an IRA/Lump Sum Pension/Keogh Account/401K.
- 14. I receive cash contributions from family or others.

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Student Status

- 15. Are you currently a full time student or expect to be in the next 12 months.

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