



# RENTAL APPLICATION

**A separate application must be filled out for each adult applicant.**

Return completed form to E-Town Properties, LLC  
527 Sunnyslope • PO Box 2207 • Emporia, KS 66801

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
First Name Middle Initial Last Name

Current Address \_\_\_\_\_  
Number, Street, Apt. # City State Zip Code

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Household Member Name(s)	Relationship to Applicant	Phone Number

## PREVIOUS RESIDENCE HISTORY

Did the people above live together at the residences below? Yes No  
If no, explain \_\_\_\_\_

How long have you lived at the current address you listed above? \_\_\_\_\_ Years From \_\_\_\_\_ To \_\_\_\_\_  
Month & Year Month & Year

Current Landlord \_\_\_\_\_ Landlord Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous Address \_\_\_\_\_  
Number, Street, Apt. # City State Zip

From \_\_\_\_\_ To \_\_\_\_\_ Landlord \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Month & Year Month & Year

Previous Address \_\_\_\_\_  
Number, Street, Apt. # City State Zip

From \_\_\_\_\_ To \_\_\_\_\_ Landlord \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Month & Year Month & Year

## EMPLOYMENT & INCOME INFORMATION

Current Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Number, Street City State Zip Month & Year Month & Year

Dept. or Position \_\_\_\_\_ Supervisors Name \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

Other Income (Please Describe) \_\_\_\_\_ Amount \$ \_\_\_\_\_

### BANK REFERENCES

Bank \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Acct. Number \_\_\_\_\_ Checking Savings  
(Circle One)  
 Bank \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Acct. Number \_\_\_\_\_ Checking Savings  
(Circle One)

### CREDIT REFERENCES

Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Acct. Number \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Acct. Number \_\_\_\_\_ Balance \$ \_\_\_\_\_

### CHARACTER REFERENCES

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

### CRIMINAL HISTORY

Have you or any household member(s) been convicted of a felony within the last 5 years? Yes No  
 If yes, please indicate what the conviction was for: \_\_\_\_\_

### MISCELLANEOUS

Description of Pets \_\_\_\_\_ Size \_\_\_\_\_ Weight \_\_\_\_\_  
 Number of Vehicles (Including Company Cars): \_\_\_\_\_  

Make	Model	Color	Year	License Number
_____	_____	_____	_____	_____
Make	Model	Color	Year	License Number
_____	_____	_____	_____	_____

Will any physical modifications be needed? Yes No If so, describe \_\_\_\_\_  
 (Circle One)  
 Who will do these? \_\_\_\_\_ Who will pay? \_\_\_\_\_

### EMERGENCY INFORMATION

In case of an emergency, whom should we contact?  
 Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Do you have any major medical diagnoses or issues we should know in an emergency medical situation? Yes No  
 If so, please describe \_\_\_\_\_

### AUTHORIZATION TO INVESTIGATE

I, \_\_\_\_\_ certify that the information I have provided in this application is true to the best of my  
 Applicant's First & Last Name  
 knowledge and that I am the person who will reside in the residence. I agree to allow E-Town Properties, LLC authorization to investigate any  
 personal, financial and credit records, through investigative or credit checking means of the landlord's choice for the purpose of determin  
 ing my acceptability to rent property at \_\_\_\_\_, Emporia, KS 66801.  
 Address

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

