

## 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 Nam	e		
Current Address				
Number, Street, Apt. #		City	State	Zip Code
Phone Number ()	E-Ma	il		
Social Security #	Date of Birth	C	Oriver's License #	
Household Member Name(s)	Relationship	o to Applicant	Phone Number	
PREVIOUS RESIDENCE HISTORY Did the people above live at the reside If no, explain	ences below? Yes	No		
How long have you lived at the curren	t address you listed above?	Years Fro	m To Month & Year	Month & Year
Current Landlord				
Previous Address				
Number, Street, Apt. #		City	State	Zip
From To Month & Year Month & Year	Landlord nth & Year		Phone ()	
Previous Address				
Number, Street, Apt. #		City	State	Zip
From To Month & Year Month & Year	Landlord		Phone ()	
EMPLOYMENT & INCOME INFO	RMATION			
Current Employer			Phone ()	
Address			om To	
Number, Street City	State	Zip	Month & Year	Month & Year
Dept. or Position	Supervisors N	ame	Monthly I	ncome \$
Other Income (Please Describe)			<i>F</i>	\mount \$

Applicant's Signature				Date <sub>-</sub>	
ing my acceptability to rent property atAddress			, Emporia	, KS 668U1.	
personal, financial and credit records, through inve	_	_			the purpose of determin
knowledge and that I am the person who will resid		_	·		
I, Co Applicant's First & Last Name					
AUTHORIZATION TO INVESTIGATE	artify that the	e information I have	provided in this	annlication :	s true to the best of my
If so, please describe					
Do you have any major medical diagnoses or issue	s we should l	know in an emergenc	y medical situat	ion? Yes	No
Name	Phone (	)	Relationship to Applicant		
Name	_ Phone (	)	Relationship to Applicant		
EMERGENCY INFORMATION In case of an emergency, whom should we contact	:?				
Who will do these?	•	Who will pay?			
Will any physical modifications be needed? Yes		scribe			
Make M	lodel		Color	Year	License Number
Make M	lodel		Color	Year	License Number
Number of Vehicles (Including Company Cars):					
Description of Pets			Si	ize	Weight
MISCELLANEOUS					
If yes, please indicate what the conviction was for:	:				
Have you or any household member(s) been convi	cted of a felo	ony within the last 5 y	ears? Ye	s No	
CRIMINAL HISTORY					
Name	Phone (	)	Relationship	to Applicant	
Name					
CHARACTER REFERENCES Name	Phone (	)	Relationship	to Applicant	
Company	Phone (	)	Acct. Numbe	r	Balance \$
Company	Phone (	)	Acct. Numbe	r	Balance \$
CREDIT REFERENCES					(Circle One)
Bank	_ Phone (	)	Acct. Numbe	er	(Circle One) Checking Savings
Bank	_ Phone (	)	Acct. Numb	er	





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