

SOUTHBROOK VILLAGE/APARTMENTS

5201 SW 34TH STREET

TOPEKA, KS. 66614

PHONE: 785-273-6116

FAX: 785-273-6179

RENTAL APPLICATION

Name: _____
Email: _____
Phone: _____

For Office Use Only

Date: _____
Time: _____

INSTRUCTIONS TO APPLICANT

- ALL lines must be filled in. Write "NONE" or "NO" in lines that do not apply.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Screening Criteria, your application will be declined.
- We will process your application according to our standard procedures.

HOUSEHOLD INFORMATION

Full Name of all Household Members as they appear on their Social Security Card	Relation-ship	Sex	Age	Student Y/N	Date of Birth	Social Security #, Alien Registration #, Work or Student Visa	Marital Status Single, Married, Divorced, Separated or Widowed	Drivers License	
								State	Number
1.	Head								
2.									
3.									
4.									

- Will any of the household members live anywhere except in your apartment? _____
- Are there any other persons who will live in your apartment on a less than full-time basis? _____
- When do you wish to move? _____
- Do you have a current lease obligation? _____ If so, have you given 30 days notice to vacate? _____
- Do you have any pets? _____ If so, how many? _____
- Breed? _____ Height? _____ Weight? _____



RESIDENCE HISTORY

You MUST report ALL places you have lived for the past three (3) years.

Present Address	Street Address:				From:	Date:	Landlord Name (if applicable):		
						____/____/____			
	City:	County:	State:	Zip:	To:	Date:	Landlord Phone (if applicable):		
						____/____/____			
Reason for Moving:							Street Address:		
Owned or Rented:				Amount of Rent:		City:	State:	Zip:	
				\$					
Previous Address	Street Address:				From:	Date:	Landlord Name:		
						____/____/____			
	City:	County:	State:	Zip:	To:	Date:	Landlord Phone:		
						____/____/____			
Reason for Moving:							Street Address:		
Owned or Rented:				Amount of Rent:		City:	State:	Zip:	
				\$					
Previous Address	Street Address:				From:	Date:	Landlord Name:		
						____/____/____			
	City:	County:	State:	Zip:	To:	Date:	Landlord Phone:		
						____/____/____			
Reason for Moving:							Street Address:		
Owned or Rented:				Amount of Rent:		City:	State:	Zip:	
				\$					

	<u>No</u>	<u>Yes</u>	<u>If 'Yes' you must answer the following:</u>
• Are you currently homeless?	<input type="checkbox"/>	<input type="checkbox"/>	Since when? _____
• Do you or any member of your household receive rental assistance?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____
• Have you or any member of your household ever been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____ Why? _____
• Do you or any member of your household owe money to any previous Landlord?	<input type="checkbox"/>	<input type="checkbox"/>	To Whom? _____ How Much? \$ _____



ASSET INFORMATION

Please list ALL assets below.

Have you or any member of your household disposed of or given away any assets (s) for less than fair market value in the last 2 (two) years? Yes _____ Or No _____

CHECKING	Name of Bank:		Current Balance:	Current Interest Rate:
Account No:	Address:		Bank Phone Number:	
	City:	State		
SAVINGS	Name of Bank:		Current Balance:	Current Interest Rate:
Account No:	Address:		Bank Phone Number:	
	City:	State		
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:		Current Value	Annual Income:
Type of Asset:	Address:		Institution Phone Number:	
Account No:	City:	State		
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:		Current Value	Annual Income:
Type of Asset:	Address:		Institution Phone Number:	
Account No:	City:	State		

SOURCES OF INCOME

Please list all income sources. This includes but is not limited to Employment, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, ETC.....

Name of Employer, Agency or Person providing income:		Name of Supervisor or Agency Contact:		Average Annual Income from this Source:
Address:		Phone Number:		\$ _____
City:	State	Zip:	Income:	
			\$ _____ per _____ (hr/wk/mo/yr/etc)	
Name of Employer, Agency or Person providing income:		Name of Supervisor or Agency Contact:		Average Annual Income from this Source:
Address:		Phone Number:		\$ _____
City:	State	Zip:	Income:	
			\$ _____ per _____ (hr/wk/mo/yr/etc)	
Name of Employer, Agency or Person providing income:		Name of Supervisor or Agency Contact:		Average Annual Income from this Source:
Address:		Phone Number:		\$ _____
City:	State	Zip:	Income:	
			\$ _____ per _____ (hr/wk/mo/yr/etc)	



CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You **must** answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

	No	Yes	If 'Yes' you must answer the following:
• Have you or any member of your household ever been convicted of drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
• Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been on parole or are now on parole?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
• Are you or any member of your household subject to registration under a State sex offender registration program?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Where? _____

AUTOMOBILES AND OTHER VEHICLES

#1 Make and Model Number:	License Plate Number:	#2 Make and Model Number:	License Plate Number:
Year and Color:	License Expiration Date:	Year and Color:	License Expiration Date:
Name on Registration:	Placard:	Name on Registration:	Placard:

PERSONAL REFERENCES

List two (2) references (Not related to you).

Name:	Address:		
Phone No:	City:	State:	Zip:
Name:	Address:		
Phone No:	City:	State:	Zip:

EMERGENCY CONTACT

Provide the name of the person and an alternate; we should contact in case of an emergency.

Name:	Address:		
Phone No:	Relationship to you:	City:	State: Zip:
Name:	Address:		
Phone No:	Relationship to you:	City:	State: Zip:



REASONABLE ACCOMMODATION

Does anyone in your household have a disability that may require a reasonable accommodation or modification?
No _____ or, Yes _____.

If yes, please list the household member's name ? _____

If Yes, please list the name, address & number of the person to be contacted for verification of the need:

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

(Initial) I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

(Initial) I understand that *ALL CHANGES in the income* of any member of the household, as well as any *changes in the household members* must be reported to Management in writing immediately.

(Initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

(Initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.

(Initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local

(Initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

For marketing purposes, how did you hear about our community?

It is the policy of this company to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.

