

Rental Application

River City Homes, Inc.
5225 Harvard Rd
Lawrence, KS 66049

Signature of Applicant

Home Office: 785-749-4010
Cell: 785-979-3550

Date

Address of unit applying for _____
Move-in date _____

Personal

Name _____ D.O.B. _____
Last First MI.
Driver's License # _____ State _____
Email Address _____

Addresses

Current Address _____
Number Street Apt. # City State Zip Code
Your Phone (_____) _____ How long at this address _____ Rent/month _____
Present Landlord _____ Address _____
City/State/Zip
Landlord Phone (_____) _____ Is present rent up to date? _____ Have you given notice? _____
yes/no yes/no
Have you been asked to leave? _____
yes/no
Previous Landlord _____ Address _____
City/State/Zip
Phone (_____) _____ Was rent up to date? _____ Had you given notice? _____
yes/no yes/no
Had you been asked to leave? _____
yes/no

Occupants

Number to occupy _____
Names _____ Relationship _____ Age _____
1. _____
2. _____
3. _____

Cars

1. _____ Lien _____
make/model/color State License Plate # yes/no
#2. _____ Lien _____
make/model/color State License Plate# yes/no

Employment, Bank & Credit References

Current Employer _____ How long with employer? _____

Phone (_____) _____ What do you do? _____

Address _____

Number Street Apt. # City State Zip Code

Approximate Monthly Income \$ _____ Work Supervisor _____

Phone (_____) _____

Other Source of Income _____ How much? \$ _____

Bank/Credit Union _____

Relative Reference _____ Relationship _____

Address _____

Number Street Apt.# City State Zip Code

Phone (_____) _____ Emergency Contact _____

Name/Phone

Non-Relative Reference _____

Address _____

Number Street Apt. # City State Zip Code

Phone (_____) _____

Current Credit Accounts - include Credit Card(s)

CREDITORS NAME	PAYMENT/MO	CURRENT
_____	_____	_____
_____	_____	yes/no
_____	_____	_____
_____	_____	_____

Has any signer ever been sued for bills? _____
yes/no

Has any signer ever been bankrupt? _____
yes/no

Has any signer ever broken a lease? _____
yes/no

Has any signer ever been sued for eviction? _____
yes/no

Has any signer been guilty of a felony? _____
yes/no

Explain any 'YES' answers on back with names and details.

Is the total move-in amount available now (rent and deposit)? _____
yes/no

Name in which utilities are now billed _____

I declare that all the above statements are true and correct to the best of our knowledge, and that I am the person who will reside in the rental unit. I understand that providing false information will result in the rejection of this application.

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

Signature of Applicant

Date

Tenant Release & Consent For Background Check

I/We _____, the

undersigned hereby authorize all people, agencies or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to:

River City Homes, Inc. for purposes of verifying information on my/our residential rental application.

Information Covered:

I/we understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a Qualified Tenant.

Groups Or Individuals That May Be Asked:

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

Past & Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (includes Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support & Alimony Providers	Social Security Administration	Banks & Financial Institutions
National & Local Credit & Criminal Inquires		

Conditions:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for one year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

Date: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____