

THE K&D GROUP, INC. RENTAL APPLICATION

Revised 1/13/04 0101

OFFICE USE ONLY

Approved by: _____ Date _____ Date: _____ Time: _____
Denied by: _____ Date _____ Agent: _____
Denial Confirmed by: _____ Community: _____
Reason for Denial: _____ Fax No: _____
Deposit Required: _____ Apt No: _____ Rent: _____
Concession: _____ Date Applicant Notified of Decision: _____
Date Info Faxed to MIS: _____ Move In Date: _____

Notice: Co-Applicant must complete a separate Rental Application Form.

APPLICANT INFORMATION

I. D. Verified by: _____

FULL NAME: _____ Date of Birth: _____
SSN: _____ or ITIN: _____ Driver's License No: _____
Govt. Photo ID No: _____ Current Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone No: _____ E-Mail Address: _____
Length of Occupancy: _____ Current Landlord: _____ Phone: _____
Reason for Leaving: _____ Current Monthly Rent: \$ _____
Previous Address: _____ Length of Occupancy: _____
Name of Co-Applicant: _____ Relationship: _____
Will The Co-Applicant Be Responsible For Part of The Rent? _____
Total Number of Occupants: _____ List Additional Occupant(s) Information Below:
Name: _____ Relationship: _____ Date of Birth: _____
Name: _____ Relationship: _____ Date of Birth: _____
Name: _____ Relationship: _____ Date of Birth: _____
How Many Pets Do You Or Other Occupants Own: _____ Kind of Pet(s): _____

EMPLOYMENT INFORMATION

CURRENT EMPLOYER: _____ Position: _____
Supervisor: _____ Work Phone No: (____) _____
Dates of Employment: _____ to _____ Current Gross Monthly Income: _____
PREVIOUS EMPLOYER: _____ Position: _____
Supervisor: _____ Work Phone No: (____) _____
Dates of Employment: _____ to _____ Gross Monthly Income: _____
Student? _____ (I20 must be provided to be considered) List Other Income Sources You Would Like Us to Consider.
Source: _____ Phone No: _____ Amount Per Month: _____

BANK AND CREDIT REFERENCES

BANK NAME Branch Acct. No. And Type Telephone No.
CREDIT ACCOUNTS Type Acct. No. Monthly Payment

HAVE YOU EVER BEEN:

Sued For Non-Payment of Rent? _____ Had an Eviction Filed Against You? _____
Sued For Damage to Rental Property ? _____

HAVE YOU EVER:

Broken a Rental Agreement or Lease? _____ Filed Bankruptcy? _____ Was it Dismissed? _____

TOTAL NUMBER OF VEHICLES:

MAKE / Model Year Color License Plate No.

NOTE: Trailers, RV's, Trucks, Buses and Motorcycles or Commercial Vehicles are not permitted on our property.

IN CASE OF EMERGENCY, NOTIFY: (Information must be completed on both references)

RELATIVE

Name: _____
Relationship: _____
Address: _____
City, State, Zip _____
Home Phone: _____
Work Phone: _____

FRIEND

Name: _____
Relationship: _____
Address: _____
City, State, Zip _____
Home Phone: _____
Work Phone: _____

What date would you like to move in? _____ How long do you plan to live here? _____

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

I declare that the information in the application provided by me is true and accurate. I hereby authorize verification of all of the above information, Credit Report, Rent Verification, Employment Verification, and Criminal Background Check. I understand that the \$30.00 I have paid is for the express purpose of obtaining these reports and will not be refunded. Furthermore, I authorize landlords and their agents, including collection agencies, to obtain residents' consumer credit reports, before, during and after the lease term for the purposes of collecting past due lease payments, service fees or any other charges that are owed to the landlord. In addition, I acknowledge and authorize permission to run my criminal background on an annual basis.

Applicant's Signature _____ Date _____

Upon approval of this application, applicant will be required to pay a minimum of 1/2 Security Deposit within 48 hours. The balance of the Security Deposit if any must be paid one week prior to move-in in certified check or money order. No personal checks will be accepted at the time of move-in.

I Was Referred By: _____

