



KOHNER
PROPERTIES
INCORPORATED

Date: _____

APPLICATION FOR TENANCY AND AGREEMENT FOR OCCUPANCY

Apartment Community: _____

Address of Apartment Applied for: _____

Desired Date of Occupancy: _____

PERSONAL INFORMATION

Applicant's Full Name: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Social Security #: _____ Driver's License #: _____ State: _____

Spouse Full Name: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Social Security #: _____ Driver's License #: _____ State: _____

Other Residents	Relationship	Social Security #	Date of Birth

Pet: _____ Type: _____ Weight: _____

(*Weight not to exceed 25 lbs fully grown)

RESIDENCE HISTORY

Present Address: _____

City: _____ State: _____ Zip: _____

Present Telephone#: _____ Length of Time at Present Address: _____

Present Landlord or Mortgage Holder: _____ Telephone#: _____

Amount of Rent: _____ Lease Term: _____ Lease End Date: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Previous Landlord or Mortgage Holder: _____ Telephone#: _____

Amount of Rent: _____ Lease Term: _____ Lease End Date: _____

Length of Time at Previous Address: _____

EMPLOYMENT INFORMATION

Applicant Employed By: _____ How Long? _____

Employer's Address: _____ Phone: _____

Position Held: _____

Salary (Monthly): _____ Supervisor: _____

Previously Employed By: _____ How Long? _____

Employer's Address: _____ Phone: _____

Position Held: _____

Salary (Monthly): _____ Supervisor: _____

SPOUSE'S EMPLOYMENT INFORMATION

Spouse Employed By: _____ How Long? _____
Employer's Address: _____ Phone: _____
Position Held: _____
Salary (Monthly): _____ Supervisor: _____

BANKING & PERSONAL REFERENCES

Bank: _____ Branch: _____
Checking Account #: _____ Savings Account #: _____
Reference: _____ Relationship: _____
Address: _____ Phone: _____
Reference: _____ Relationship: _____
Address: _____ Phone: _____

Number of Automobiles

Make _____ Model _____ Year _____ Color _____ License No. _____ State _____
Make _____ Model _____ Year _____ Color _____ License No. _____ State _____

In Case of Emergency, Notify: _____ Relationship: _____
Address _____ City _____ State _____ Zip _____
Telephone Number: (home) _____ (work) _____

There shall be a late charge of \$30.00 for rent not received in full by the end of the fifth day of each month which is five (5) days from your rent due date. There will be an additional charge of \$25.00 for each returned check to us. I acknowledge I have applied for the rental of the above described premises from Kohner Properties, Inc. (subject to owner's approval) upon the express representation that I have no pets, children or other adults not stated in the above application. The tenant further agrees that any breach of this agreement and representation or if the tenant shall fail to pay the rent promptly, shall entitle Kohner Properties, Inc. to take immediate legal action for rent and possession of the premises. This application may be rejected and the deposit refunded without reason. ONCE THIS APPLICATION HAS BEEN APPROVED, YOUR DEPOSIT BECOMES NON-REFUNDABLE AND YOU WILL BE HELD RESPONSIBLE FOR ALL UNPAID BALANCES IF THE APPLICATION DEFAULTS. Lessee agrees all security deposits and unearned rent are deposited, as they are collected into the Kohner Properties Management Trust Account. These monies are then given to, and become the responsibility of the property owner. By signing this form you are authorizing Kohner Properties, Inc. and _____ to run a credit check, verify rental history and employment.

Signature of Applicant: _____
Signature of Co-Applicant (Spouse): _____
Signature of Manager/Agent: _____

	CK/MO NO.
First Months Rent: _____	_____
Non-Refundable Application Fee: _____	_____
Pet Deposit (Requires Pet Agreement): _____	_____
Security Deposit: _____	_____
Total Charges and Deposits: _____	_____
Less Advance Payments Received: < _____ >	_____
Balance to be paid prior to move-in: 	_____

(Total monies must be paid in personal check, cashiers check or money order)





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INCOME/EMPLOYMENT VERIFICATION

Employer: _____ Complex: _____

Address: _____

Phone/Fax: _____

RE: _____ S.S. #: _____

Dear Employer:

The person named above has applied to lease an apartment at _____. In order to establish eligibility for occupancy, we are required to verify their employment. Please complete this form and return to us at the above address or fax number. Thank you for your cooperation in this matter. This information will be held in the strictest confidence and used only as legally necessary.

Employed from: _____ to _____

Occupation: _____

Employment is: ☐ Permanent ☐ Temporary ☐ Seasonal

Base pay \$ _____ per ☐ Hour ☐ Week ☐ Month

Average number of hours worked per week _____

Signature/Title of Employer

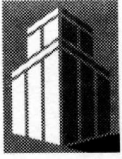
Date

----- Authorization -----

I, _____ give authorization to you to release any information concerning my employment/income.

Employee Signature

Date



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PROPERTIES
INCORPORATED

RENTAL VERIFICATION

_____, who currently/previously
lives at _____ has applied for any
apartment at _____.

Please fill out the following information and return to us via fax to
_____, or by mail to _____.

Thank you in advance for your cooperation.

Move-In date _____ Lease Expiration date _____

Rental amount _____ Paid as agreed? ☐ Yes ☐ No

Was Resident late? ☐ Yes ☐ No How many times? _____

Would you renew a lease with them? ☐ Yes ☐ No

Was proper thirty (30) day notice given? ☐ Yes ☐ No

Additional comments: _____

Name/Title

Date

KOHNER PROPERTIES, INC.

Authorized Agent

I, _____ give authorization to you to
release any information concerning my residency.