FIRST AMERICAN REGISTRY/SAFERENT
APPLICATION FOR OCCUPANCY

Robin Hill

DESIRED DATE OF OCCUPANCY: / /	DATE OF APPLICATION: / /	
NAME FIRST MIDDLE LAST	SOCIAL SECURITY NUMBER - -	DATE OF BIRTH / /
NUMBER OF PEOPLE WHO WILL OCCUPY: ADULTS (OVER AGE 18): CHILDREN:	DESCRIPTION OF PETS: APPROXIMATE WEIGHT:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (CIRCLE ONE) YES NO	MARITAL STATUS: (CIRCLE ONE) MARRIED SINGLE DIVORCED SEPARATED	
APPLICANT CONTACT INFORMATION HOME PHONE: ( ) - CELL PHONE: ( ) - WORK PHONE: ( ) -		
EMERGENCY CONTACT INFORMATION: NAME: PHONE: ( ) - RELATION:		

RESIDENCE HISTORY

PRESENT ADDRESS:		
STREET ADDRESS INCLUDING APT # IF APPLICABLE	DATES OCCUPIED FROM TO	RENT $
CITY, STATE, ZIP	PRESENT LANDLORD/ COMMUNITY NAME	PHONE ( ) -
PREVIOUS ADDRESS:		
STREET ADDRESS INCLUDING APT # IF APPLICABLE	DATES OCCUPIED FROM TO	RENT $
CITY, STATE, ZIP	PRESENT LANDLORD/ COMMUNITY NAME	PHONE ( ) -
HAVE YOU EVER BEEN EVICTED FROM HOUSING? (CIRCLE ONE) YES NO IF YES, PLEASE EXPLAIN:		
DO YOU OWE ANY BALANCE TO A PREVIOUS LANDLORD? (CIRCLE ONE) YES NO IF YES, PLEASE EXPLAIN:		

EMPLOYMENT

1ST EMPLOYMENT			
EMPLOYER NAME	PHONE TO VERIFY ( ) -	INCOME $ PER	POSITION TITLE
STREET ADDRESS CITY STATE ZIP		DATES EMPLOYED	FROM TO
2ND EMPLOYMENT *(this space is provided for applicants with two employers)*			
EMPLOYER NAME	PHONE TO VERIFY ( ) -	INCOME $ PER	POSITION TITLE
STREET ADDRESS CITY STATE ZIP		DATES EMPLOYED	FROM TO

BANK REFERENCES

BANK NAME	CITY IN WHICH IT IS LOCATED	ACCOUNT NUMBER	(CIRCLE ONE) CHECKING SAVINGS

ADDITIONAL INFORMATION

DRIVER'S LICENSE	STATE	MAKE MODEL YEAR	LICENSE PLATE NUMBER

A non-refundable processing charge of **$30.00** will be retained by the landlord. By signing the application, the applicant recognizes that an investigative report may be prepared whereby information is obtained through interview. This inquiry includes information as to your character, general reputation, credit, and mode of living. First American Registry/Saferent also has authorization from the applicant to research all public records for the last seven (7) years. The applicant furthur authorizes First American Registry/Saferent to use a photocopy of this form when it is necessary to verify references. The applicant requests that such a photocopy be fully honored. The application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application. The applicant has the right to make a written request within a reasonable period of time to receive additional information regarding the nature and scope of this investigation.

SIGNATURE OF APPLICANT				
TO BE COMPLETED BY COMMUNITY REPRESENTATIVE				
APT NUMBER	RENT	DEPOSIT	SPECIAL	LEASE TERM

Rental Verification

From: NKC Apartments (Community Sending) To: _____ (Community Verifying)

Phone: 816-221-0455 Phone: _____

Fax: 816-221-0457 Fax: _____

Please provide the following on: 1) _____

2) _____ 3) _____

Please list all names on lease: 1) _____

2) _____ 3) _____

Dates of Lease: From _____ To _____

Proper Notice Given? Yes No (circle one) Monthly Rental Amount: $ _____

Noise complaints: _____

_____

Payment history: Prompt Slow (circle one) If slow, # of times late: _____

Balance owed? Yes No (circle one) If yes, indicate amount: $ _____

Would you re-rent? _____

Name & title of person verifying: _____ *Date:* _____

_____

Authority to Release Information

Signature of Applicant(s): _____ *Date:* _____

_____ *Date:* _____

_____ *Date:* _____

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NKC APARTMENTS
P 816-221-0455 F 816-221-0457

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