

QUINTON POINT APARTMENTS

785-579-6500 | Junction City, Kansas

quintonpointapts@gmail.com

Size Unit: _____

Submitted by: _____

PLEASE PRINT CLEARLY

Leasing Agent

APPLICANT'S NAME: _____

FIRST

MIDDLE

LAST

CONTACT PHONE # _____ SSN # _____ DATE OF BIRTH ____ / ____ / ____

E-MAIL ADDRESS: _____

CURRENT RESIDENCE: _____ PHONE _____

CURRENT ADDRESS: _____ HOW LONG _____ YRS/MTS

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS RESIDENCE: _____ PHONE _____

PREVIOUS ADDRESS: _____ HOW LONG _____ YRS/MTS

CITY: _____ STATE: _____ ZIP: _____

NAME AND BIRTH DATE OF OTHER ADULT'S THAT WILL OCCUPY THE UNIT _____

NAMES, AGES AND SEX OF CHILDREN WHO WILL OCCUPY THE UNIT _____

DO YOU HAVE A PET? _____ IF YES, WHAT KIND? _____ WEIGHT _____

APPLICANT'S EMPLOYER: _____ PHONE # _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOW LONG? _____ YRS/MTS POSITION: _____ TAKE HOME PAY _____ MO/YEAR

PREVIOUS EMPLOYER: _____ PHONE # _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOW LONG? _____ YRS/MTS POSITION: _____ TAKE HOME PAY _____ MO/YEAR

OTHER INCOME: _____ SOURCE: _____ MONTHLY AMOUNT: _____ VERIFIED: _____

HAVE YOU BEEN EVICTED? _____ IF SO GIVE DATE _____ COURT ACTION: _____

HAVE YOU EVER HAD A FELONY ___ YES ___ NO DATE _____ ARE YOU IN THE U.S.A. LEGALLY? ___ YES ___ NO

QUINTON POINT APARTMENTS

PLEASE PRINT CLEARLY

PLEASE INDICATE THE FOLLOWING: I am the Co-applicant Co-Signer Roommate Other _____

NAME: _____

FIRST

MIDDLE

LAST

CONTACT PHONE # _____ SSN # _____ DATE OF BIRTH ____ / ____ / ____

E-MAIL ADDRESS: _____

CURRENT LANDLORD: _____ PHONE _____

CURRENT ADDRESS: _____ HOW LONG _____ YRS/MTS

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS LANDLORD: _____ PHONE _____

PREVIOUS ADDRESS: _____ HOW LONG _____ YRS/MTS

CITY: _____ STATE: _____ ZIP: _____

NAME AND BIRTH DATE OF OTHER ADULT'S THAT WILL OCCUPY THE UNIT _____

NAMES, AGES AND SEX OF CHILDREN WHO WILL OCCUPY THE UNIT _____

DO YOU HAVE A PET? _____ IF YES, WHAT KIND? _____ WEIGHT _____

CO-APPLICANT'S EMPLOYER: _____ PHONE # _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOW LONG? _____ YRS/MTS POSITION: _____ TAKE HOME PAY _____ MO/YEAR

PREVIOUS EMPLOYER: _____ PHONE # _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOW LONG? _____ YRS/MTS POSITION: _____ TAKE HOME PAY _____ MO/YEAR

OTHER INCOME:	SOURCE:	MONTHLY AMOUNT:	VERIFIED:
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HAVE YOU BEEN EVICTED? _____ IF SO GIVE DATE _____ COURT ACTION; _____

HAVE YOU EVER HAD A FELONY ___ YES ___ NO DATE _____ ARE YOU IN THE U.S.A. LEGALLY? ___ YES ___ NO

QUINTON POINT APARTMENTS

EMERGENCY CONTACT: _____ PHONE # _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

AUTOMOBILES:

YEAR: _____ MAKE/MODEL: _____ TAG # _____ STATE: _____

YEAR: _____ MAKE/MODEL: _____ TAG # _____ STATE: _____

\$50.00 APPLICATION FEE IS TO BE PAID WITH THIS APPLICATION

I certify that the preceding information is correct and complete and I hereby authorize you to make any inquiries that you deem necessary to evaluate my tenancy, credit standing, and conduct. I understand and agree to the following:

1. If the application is approved, the \$50.00 fee will be applied to my deposit.
2. If I fail to move in once approved, I understand that the entire \$50.00 will be forfeited.
3. If the application is denied, the \$50.00 fee will be returned to me by mail.

DATE APPLICANT'S SIGNATURE DRIVERS LICENSE # STATE

DATE CO-APPLICANT'S or CO-SIGNER SIGNATURE DRIVERS LICENSE # STATE

If the applicant is a minor, the following person is the guardian and takes legal responsibility for the information provided herein.

Guardian Name: _____ How Long _____ Years _____ Months

Address: _____ City: _____ ST: _____ Phone: _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

THE FOLLOWING TO BE COMPLETED BY MANAGER / LEASING AGENT

RENTAL AMOUNT \$ _____ X 3 or 4 (select one) _____ = \$ _____ VERIFIED INCOME AMT \$ _____

The above information has been reviewed as complete and verified with exceptions as noted below:

MANAGER SIGNATURE

LEASING AGENT SIGNATURE

TENANT IS: _____ APPROVED _____ DENIED TENANT NOTIFIED: _____ DATE

MOVE-IN DATE: _____ UNIT # _____ BUILDING _____

Documents attached: _____ app fee recpt _____ drivers lic. copy _____ verified income _____ other