

APPLICATION FEES:
\$35.00 Individual
\$50.00 Joint
\$15.00 Each additional individual over 18 years of age.

Money order or cashier's check only. NO CASH ACCEPTED!

**LANGE Property Management
4911 S. MERIDIAN
WICHITA, KS 67217
(316) 529-3100 Office**

APPLICATION TO LEASE

Please select one of the following communities: Equisset TCRS Property TPT JBL

The undersigned hereby makes application to Lease property/unit _____ in the amount of \$ _____ per month.

PERSONAL INFORMATION

Name _____ Phone # _____ Date of Birth _____
Social Security # _____ Driver License # _____ State _____ Expires _____
E-Mail: _____
List any other names you have gone by _____

Co-Applicant Name _____ Phone # _____ Date of Birth _____
Social Security # _____ Driver License # _____ State _____ Expires _____
E-Mail: _____
List any other names you have gone by _____

List children under 18 living with you: _____

List adults over 18 living with you not on the Lease: _____

RESIDENCE HISTORY - APPLICANT

(Please provide 2 years of history – attach additional sheet if necessary.)

Current Address _____ City/State/Zip _____
Date From _____ To _____ Monthly Payment _____ Rent ___ Own ___
Landlord Name _____ Phone # _____

Previous Address _____ City/State/Zip _____
Date From _____ To _____ Monthly Payment _____ Rent ___ Own ___
Landlord Name _____ Phone # _____

RESIDENCE HISTORY – CO-APPLICANT

(Please provide 2 years of history – attach additional sheet if necessary.)

Current Address _____ City/State/Zip _____
Date From _____ To _____ Monthly Payment _____ Rent ___ Own ___
Landlord Name _____ Phone # _____

Previous Address _____ City/State/Zip _____
Date From _____ To _____ Monthly Payment _____ Rent ___ Own ___
Landlord Name _____ Phone # _____

EMPLOYMENT INFORMATION – APPLICANT

(Please provide 2 years of history – attach additional sheet if necessary.)

Current Employer _____ Phone # _____
Address _____ City/State/Zip _____
Dates From _____ To _____ Gross Monthly Salary \$ _____ Position _____
Applicant to provide copy of pay stub before application is processed.

Previous Employer _____ Phone # _____
Address _____ City/State/Zip _____
Dates From _____ To _____ Gross Monthly Salary \$ _____ Position _____

EMPLOYMENT INFORMATION – CO-APPLICANT

(Please provide 2 years of history – attach additional sheet if necessary.)

Current Employer _____ Phone # _____
Address _____ City/State/Zip _____
Dates From _____ To _____ Gross Monthly Salary \$ _____ Position _____
Co-Applicant to provide copy of pay stub before application is processed.

Previous Employer _____ Phone # _____
Address _____ City/State/Zip _____
Dates From _____ To _____ Gross Monthly Salary \$ _____ Position _____

CREDIT REFERENCES

Name _____ Acct # _____ Balance \$ _____ Monthly Payment \$ _____
Name _____ Acct # _____ Balance \$ _____ Monthly Payment \$ _____
Name _____ Acct # _____ Balance \$ _____ Monthly Payment \$ _____
Name _____ Acct # _____ Balance \$ _____ Monthly Payment \$ _____

OTHER INFORMATION

Please List Two (2) Relatives or Friends not living with you:

Name _____ Relationship _____
Address _____ Phone # _____

Name _____ Relationship _____
Address _____ Phone # _____

Please List Vehicles:

Make/Model _____ Year _____ Color _____ Tag #/State _____
Make/Model _____ Year _____ Color _____ Tag #/State _____

Other Vehicle (Motorcycle, etc.) _____

Do you have any pets? _____ If so, please list: _____

HAVE YOU OR YOUR CO-APPLICANT EVER: Been sued for non-payment of rent? ____ yes ____ no
Been sued for damage to rental property? ____ yes ____ no Declared Bankruptcy? ____ yes ____ no
Been evicted or asked to move out? ____ yes ____ no Broken a Lease Agreement Before? ____ yes ____ no
Comments/explanations _____

HAS ANY MEMBER OF THE HOUSEHOLD BEEN CONVICTED OF A FELONY IN THE LAST 20 YEARS?

If Yes: Who? _____ When? _____
What was the conviction for? _____

IN CASE OF EMERGENCY AND WE ARE UNABLE TO CONTACT YOU OR A MEMBER OF YOUR HOUSEHOLD, WHO SHOULD WE CONTACT?

Name: _____ Relationship _____
Cell Phone _____ Home Phone _____ Work Phone _____

PLEASE READ CAREFULLY BEFORE SIGNING:

In consideration for taking this premises off the market, applicant(s) have delivered a deposit in the amount of \$_____. If applicant(s) are approved and the contemplated lease is entered into, the deposit shall be credited to the required security deposit. If the applicant(s) withdraws application or notifies Landlord that they have changed their mind after being approved, the deposit of all parties will be retained by Landlord as damages.

Applicant(s) understand they are responsible for payment of all utility deposits and bills.

By signing this application, applicant(s) represent and warrant the accuracy of the information provided. Applicant(s) authorize an investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision. Applicant(s) hereby authorize the access of any credit information available personally up to and including a consumer credit report. Applicant(s) understand that the Landlord may terminate any lease agreement entered into for any misrepresentations made above. The cost of tenant screening services is to be paid by the applicant(s) BEFORE application will be processed. This cost is not rent or deposit and will NOT be refunded.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Landlord Signature _____ Date _____

FOR OFFICE USE ONLY

Deposit Received \$ _____ Date Received _____ Date of Lease _____ Term of Lease _____

Comments _____

