

**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_