TOWER PROPERTIES COMPANY DBA TUCKAWAY AT SHAWNEE **RESIDENTIAL LEASE APPLICATION** TUCKAWAY AT SHAWNEE 7160 LACKMAN RD SHAWNEE, KS 66217 PHONE: 913-268-9922 FAX: 913-268-9921 WWW.TUCKAWAYATSHAWNEE.COM A non-refundable application fee is required before processing. Each co-applicant and person who will occupy the premises over the age of 18 must complete a separate application. PERSONAL INFORMATION Full name: Phone: E-Mail Address: Date of Birth: Social Security Number: Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Gender: _____ Driver's license number and state or government photo ID card no.: Are you a US Citizen or Permanent Resident Alien: _____ Yes ____ No If you have answered no please provide information adequate to verify that you are lawfully in the United States and that your right to be in the US does not expire during your proposed lease term. Do you or any proposed occupant smoke? _____ Yes _____ No Name of Co-applicant(s): Phone: If Spouse, please provide: Date of Birth: _____ Social Security Number: _____ Number of Dependents Currently Living with You: Name and Ages of Dependents: Number of Pets_____ Type, breed, and size: ______ **RESIDENTIAL INFORMATION PRESENT ADDRESS:** Street address Apt.# email address) Phone City Zip Code State Present Landlord or Manager / Apartment Name Phone \$ Dates of Occupancy Rent/mo **PREVIOUS ADDRESS:** Street address Apt.# City State Zip Code Phone Previous Landlord or Manager / Apartment Name Phone \$

Rent/mo

PREVIOUS ADDRESS:

	Street address		Apt.#)		
City	State	Zip Code	() Phone		
Previous Landlord or	Manager / Apartment Name		Phone	_)		
Dates of Occupancy			\$ Rent/m	0		
Employment Info	RMATION					
STATUS: Full	-timePart-time	StudentUne	mployed		Retired	
CURRENT EMPLO	YMENT:					
Company Name/Empl	oyer	() Phone		Supervise	or	
Street Address		City		State	Zip Code	
Position		Gross monthly salary		Starting date		
PREVIOUS EMPLO	YMENT:					
Company Name/Employer) Phone		Supervisor		
Street Address		City		State	Zip Code	
Position		Gross monthly salary	Gross monthly salary		Dates of employment	
SPOUSE EMPLOYN	AENT:					
Company Name/Empl	oyer	() Phone		Supervise	or	
Street Address		City		State	Zip Code	
Position		Gross monthly salary		Dates of employment		
ADDITIONAL SOURC	ES OF INCOME					
	\$			()	
Source	Amount \$	Contact Person		Phone ()	
Source	Amount	Contact Person		Phone	/	
ADDITIONAL FINAN	CIAL INFORMATION					
BANK INFORMATI	<u>ION:</u>					
Bank	City/State	Phone		Account	Number	
		()				
HAVE YOU EVER Filed for ban	kruptcy?	Yes		No		
Been evicted	or asked to move out?	Yes	-	_No		
	r rent or property damage? efore the end of the lease?	Yes Yes	-	_No No		
	ntentionally refused to pay r		-	No		

felony, misc substance, v destruction was resolve adjudication supervision, Been charge felony, misc substance, v destruction has not beer	ed, detained, or arrested for a lemeanor involving a controlled violence to another person or of property, or a sex crime that d by conviction, probation, deferred n, court ordered community , or pretrial diversion? ed, detained, or arrested for a lemeanor involving a controlled violence to another person or of property, or a sex crime that n resolved by any method? d yes to any of the above items, we n	Yes	_No No s before making a decision on your				
COSIGNER INFORM	ATION						
		monte ou moidant lint	qualifications Dlagss source to a				
A cosigner is required is separate cosigner form	if applicant does not meet income requir	ements or resident history	quanfications. Please complete a				
EMERGENCY CONTACT PERSON OVER 18, WHO WILL NOT BE LIVING WITH YOU.							
Name:Work Phone:							
Address:							
Relationship:							
ACKNOWLEDGEMENT & SIGNATURE The above information, to the best of my knowledge, is true and correct. I hereby authorize you to conduct character and consumer investigations and consent to such investigations including personal interviews with my references and others. I also authorize and request every person, company, agency, employer, bank, and association having control of documents, records or other information pertaining to me, to furnish the same to you. I hereby release, discharge and exonerate the landlord and leasing agent, their officers, directors, employees, and agents, and any person so furnishing information, from any and all liability of every nature and kind arising out of the investigation or the furnishing or inspection of such documents, records, and other information. Application fee is NON-REFUNDABLE. Checks for application fees or security deposits that are returned for stop payment or insufficient funds will be assessed an additional \$30.00 fee. I understand that it may be a crime to provide false or misleading information on a rental application. If it is found that I have provided any false or misleading information on this application, it is grounds for denial of my application as well as grounds for immediate termination of any lease agreement.							
Signature	Date:						
Signature			Date:				
How did you learn about us? Referral (name) Newspaper []							
Internet (source)		Drive by []					
OFFICE USE ONLY							
Property:		Unit:					
Deposit Amount:		Rental Rate:					
Above information g	ood through:	Agent Signature:					
Approved	Denied*	Approved w/Guar	antor Only				
By:		Date:					
* Reason for Denial							