

RENTAL APPLICATION



ADDRESS DESIRED _____ MOVE IN DATE _____

(Please Print)

(*) Required Field

Name * _____

Date of Birth* _____

Social Security #* _____

Telephone* _____

E-mail* _____

Current Address* _____

City/State/Zip* _____

Move in Date* _____ Rent Paid*\$ _____

Current Landlord* _____

Landlord Phone #* _____

Previous Addresses _____

City/State/Zip _____

Dates of Residency _____ Rent Paid \$ _____

Current Employer* _____

Employer Address* _____

Employer Phone* _____

Hire Date* _____

Position* _____

Gross Income/mo.* _____

Previous Employer _____

Address/Phone # _____

Rental Assistance: Are you receiving rental assistance at your current address? ___ Yes ___ No
Do you plan to receive rental assistance at the address for which you are applying? ___ Yes ___ No

_____ Initial _____ Date

___ been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion?
 ___ declared bankruptcy

___ been charge, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime that has not been resolved by any method?
 ___ been evicted or asked to move out
 ___ been sued for rent
 ___ been sued for property damage

Please indicate below the year, location and type of each felony, misdemeanor involving a controlled substance violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision:

___ I/we agree to be screened under the John Moffitt & Associates screening policy and qualifications.

- All homes are offered without regard to race, religion, national origin, sex, disability or familial status.
- Each adult occupant must submit an application
- Your gross monthly income must equal approximately three times or more the monthly rent
- You need a favorable credit history
- You must be able to furnish acceptable proof of the required income.
- You need good references, housekeeping, and property maintenance from your previous Landlords.

Applicant Name: _____

Date: _____

Applicant Signature: _____

John Moffitt & Associates Rental Application Return Office Information

Address:	5300 College Blvd Overland Park 66211
Email:	Lauren.hedenkamp@moffittrealty.com
Phone:	Office: 913-491-6800 Cell: 913-263-5653
Fax:	913-491-0606

* You must pay your \$40 Application fee online at www.redbridgehome.com*



AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

I am applying to lease a property with John Moffitt & Associates. As part of the application process, I am being asked to verify my employment status and provide my monthly income. To ensure that John Moffitt & Associates gives all possible consideration to my application, I hereby authorize John Moffitt & Associates to request and for you to release any information relating to the below verification form. All information you release will be treated as confidential. Thank you for your time in completing this request.

Employer Name:		Employer Contact #:	
Length of Employment:		Start Date:	
Starting Salary:		Current Salary (if different):	
Verified By:		Title:	
Date:			

Applicant Name:	
Applicant Signature:	

As indicated by the signature at the bottom of this form, the applicant is consenting to the release of information request.

_____ Initial _____ Date

AUTHORIZATION TO RELEASE RENTAL HISTORY

I am applying to lease a property with John Moffitt & Associates. As part of the application process, I am being asked to provide my rental history and show proof of timely rental payments. I hereby authorize John Moffitt & Associates to requested and for you to release all information related to the below questionnaire. All information will be treated as confidential. Thank you for your time in completing this request.

Address of Rental Property:	
Landlord Name:	
Landlord Contact Number:	

Lease Start Date:		Lease End Date:	
Monthly Rental Rate:		Number of Pets:	
Payment History:		Money Owed? (if none, enter \$0.00)	
Evictions filed?		Number of Filings: (if non, enter 0)	
Verified By:		Title:	
Date:			

Applicant Name:	
Applicant Signature:	

As indicated by the signature at the bottom of this form, the applicant is consenting to the release of information requested.

_____ Initial _____ Date