# Advanced Property Management, LLC Rental Application

## Personal Information

Date of Application:/				Lease Start Date Needed://						
Applicant's	Name:		First		Middle			Last		
Home: Work: Cell: E-Mail Addr	( (	-,	- - - -			Date of SSN: DL#/S	of Birth: State:		ll_	
Marital Stat	us: Marrie	d()	Single (	)	Divorc	ed ( )		Separ	ated ( )	
Spouse's N	ame:		First		Middle			Last		
Date of Birtl	h:	ll_				SSN:				
Number of Children:		N	ames:		First		Middle	Last		
						First		Middle	Last	
						First		Middle	Last	
Emergency	Contact:		Name						Relationship	
			Address			City		State	Zip	
Home:	(				Work:	(	_)			
Cell:	(	)			E-Mail	:				
Vehicle:										
	Year 	M	ake/Model	Color			County		Tag Number	State
	Year	Ma	ike/Model	Color			County		Tag Number	State
	Year	Ma	ake/Model	Color			County		Tag Number	State

### Rental References

Have you never rented and have always lived w	h a parent/guardian: Yes () No ()  OR	
Current Landlord:		
Rental Address: Street Addre	S City State Zip	
Phone: ()	Rent Per Month: \$	
Lease Start Date:	Lease End Date:	
Reason For Leaving:		
Previous Landlord:		
Rental Address:  Street Addre		
Phone: (	Rent Per Month: \$	
Lease Start Date:	Lease End Date:	
Reason For Leaving:		
@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@	@@
Have you ever been evicted? Y () N (	Have you ever broken a lease? Y () N (_	)
Have you ever been sued for non-payment of re	t or damages to rental property? Y () N ()	
Have you ever been convicted of a felony? Y	) N ()	
If "YES" to any of the above, please explain why	and provide the date of occurrence(s) for each:	
@@@@@@@@@@@@@@@@@@@@	@@@@@@@@@@@@@@@@@@@@@@@@@@@	@@
Do you have pets? Y () N ()	umber of Cats: Number of Dogs:	

We do not allow Rottweilers, Pitbulls, Doberman Pinschers or German Shepherds of any mix or full breed. All pets must be approved by Advanced Property Management, LLC, and must be neutered and current on vaccinations. Pet Deposit must be paid at lease signing.

## Financial Information

## NON-STUDENTS ONLY

Employer:					Title of Positio	n:			
pey e		Company Nai	me	<del> </del>		···			
	Address	City	Sate	Zip	Start Date:/				
					Monthly Incom	ne: \$			
	Supervisor's Nan		Additional Income: \$						
	() Supervisor's Pho								
	<b>Sup</b> 0.1.65. 6 1 1.6								
			<u>STU</u>	<u>DENTS ONL</u>	<u> Y</u>				
Permanent Ac	ddress:								
r cimanoni 7 d	udi 033	Street Addres	S		City	State	Ziį	p	
Father:									
	Name		eet Address		City	State	Ziį	0	
Mother:	Name		et Address		City	State	Ziį	0	
Contact Numb	ber (Father): (_	)	_	Contact N	umber (Mother):	(	) -		
	ol at Present:			Sophomore			Senior	5 <sup>th</sup> /Other	
				ı					
	<u>nancial Suppo</u> cial Aid:	<u>rt:</u>					\$	/Yearly	
Summ	ner Employmer						\$	/Yearly	
	Company Na	me/Address:							
Schoo	ol Year Employi Company Na						\$	/Yearly	
Paren	tal Support:						\$	/Yearly	
Other	Income:						\$	/Yearly	
Total `	Yearly Income:						\$	/Yearly	

## Advanced Property Management, LLC 1116 E 8<sup>th</sup> Building B Hays KS 67601 (785) 625-2502

#### Please Read and Sign Below

Applicant represents that all of the above statements are true and complete and hereby authorizes verification of the information, references and credit record. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of the right of occupancy and/or forfeiture of deposits.

This application is subject to ac	ceptance by the owner and execution (	of a lease or rental agreement and is
offered without respect to race,	color, creed, sex or national origin.	
·	Ç	
Applicant Signature:		_ Date:

### Application Declarations and Authorization

<u>Accurate Information:</u> You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application, retain all application fees as liquidated damages for our time and expense. Giving false information is a serious criminal offense.

<u>Authorization:</u> You authorize us to verify all information relating to this application through any means, including but not limited to Straight Arrow Screening and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

<u>Consent:</u> I authorize and direct any Federal, State or local agency, organizations, business or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I further authorize HUD, credit bureaus, collection agencies, or future landlords to release and verify information. This includes records on my payment history, and any violations of my lease or occupancy policies. I further authorize and permit management to obtain updated information annually and on future occasions for rental renewal consideration and for collection purposes should that be deemed necessary.

collection purposes should	that be deemed necessary.	
Applicant Signature:		Date:

## Advanced Property Management, LLC 1116 E 8<sup>th</sup> Building B Hays KS 67601 (785) 625-2502

Date	::		
Tena	ant Name:		
Addr	ress:		
Resi	dency: Current () Former ()		
Leas	se Dates:/through/	I	
	ve applied for an apartment at Advanced Property Management, LLC. It lease any information regarding my residency at the above residence.	nereby give my autho	orization
Tena @@	ant Signature: @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@		@@@@
Plea	se fax to Advanced Property Management, LLC, at (866) 458-7444.		
1.	Did the tenant live at the address indicated above?	Yes	No
2.	How much was the rent per month?	\$	
3. Did Tenant always pay rent on time?			No
4. Any NSF fees for Tenant? If so, how many?			No
5.	Any late Fees for Tenant? If so, how many?	Yes	No
6.	Did Tenant give proper notice to vacate the housing?	Yes	No
7.	Any complaints about or problems with pets?	Yes	No
8.	Any noise complaints or other complaints on record for Tenant?	Yes	No
9.	Would you rent to Tenant again in the future?	Yes	No
Sian	ature/Date·	Title·	

# Advanced Property Management, LLC 1116 E 8<sup>th</sup> Building B Hays KS 67601 (785) 625-2502 apmllc@hotmail.com

#### RESIDENT SELECTION CRITERIA

#### **Resident Selection Summary**

- Applicant must be a minimum of 18 years of age or an emancipated minor to enter into a Contract for Lease.
- Unless married, all applicants must complete, date and sign a separate application form.
- Proof of identification is required on all applicants.

#### Reason for Denial of Housing

- An incomplete application that was not made complete in the time frame required.
- Do not minimum income requirements. Total gross household income must meet a minimum of two and one half times the rental fee per month, except when the applicant has housing assistance.
- False statements, either orally or in writing.
- A history of violence to persons or property in the past 5 years.
- A history of nonpayment of rent, judgments or evictions.
- A history of disturbance of neighbors, destruction of property or living or housekeeping habits which adversely affect the health, safety or welfare of other residents.
- Convicted of a felony within the past five years.
- A history of criminal activity involving crimes of physical violence to persons or property or other criminal acts including the possession and/or sale or use of illegal substances.

\*\*\*\*\*\*YOU WILL BE NOTIFIED WITHIN 48 HOURS OF RETURN OF APPLICATION IF YOU QUALIFY FOR THE PROPERTY. NOTIFICATION WILL ONLY BE MADE IF YOU QUALIFY AND ARE ACCEPTED. **APPLICATION FEE IS NON-REFUNDABLE!!!!** 

# Advanced Property Management, LLC 1116 E 8<sup>th</sup> Building B Hays KS 67601 (785) 625-2502 apmllc@hotmail.com

#### Rental Application Procedures:

You have expressed an interest in housing managed by Advanced Property Management, LLC. We welcome your application and wish to explain the procedures and policies used when considering applications.

- Each applicant 18 years of age and over must complete a separate Rental Application. There is a \$20.00 non-refundable application fee for each adult application.
- **ABSOLUTELY NO PETS** unless otherwise stated and approved by management.
- Each application will be reviewed on the basis of verifiable income, longevity of employment, present and past rental history as well as banking and credit information.
- Rent is due on or before the 5<sup>th</sup> of each month. Late charges are \$50.00 per tenant late with rent. Late fees are strictly enforced.
- Lost keys are the resident's responsibility. Lost keys will incur a \$75.00 lock change fee. Lock outs are billed at \$50.00 per occurrence and are due with the next month's rent. The management office will retain possession of keys to the premise at all times. Tenants are not allowed to perform their own lock changes.
- ABSOLUTELY NO SUBLETTING AND/OR ASSIGNING OF RENTS.
- The management company maintains the right to enter the property to make necessary repairs as needed or requested by the resident. The management company maintains the right to enter the property in order to show units prior to vacancy with 24 hours notice
- The resident must give a written thirty-day notice of intent to vacate. Until all keys are returned to the management office, rent will continue to accrue at a daily rate.
- A security deposit/non-refundable holding fee is required upon approval of the application. Security
  deposit statements are not available for pick up at the office at move out. Security deposit statements are
  mailed within 30 days of move out after all keys have been returned to the management office and a
  forwarding address has been supplied.
- ALL UNITS ARE NON-SMOKING. NO EXCEPTIONS.
- The length of time taken to evaluate applications will vary, depending on the number of applicants, the time required to obtain credit information, the completeness of applications as well as other factors.
   NOTIFICATION WILL ONLY BE MADE IF AN APPLICATION IS QUALIFIED AND ACCEPTED.

Applicant Signature	Date