## **Rental Application**

Name of Applicant	Date of Birth		
Telephone #	_E-mail		
SSN#	Driver's Lic. #		
Present Address	City		
StateZip	How long?		
Prior Address	City		
StateZip	How long?		
Names & Telephone # of Prese	ent and Prior Landlords:		
Employer	Occupation		
How Long? (	Contact Person		
Contact Telephone #	Monthly Income		
Additional Income Per Month			
Bank Name	Branch		

## **Co-Applicant Information**

Name of Applicant	Date of Birth		
Telephone #	E-mail		
SSN#	Driver's Lic. #		
Present Address	City		
StateZip	How long?		
Prior Address	City		
StateZip	How long?		
Names & Telephone # of P	resent and Prior Landlords:		
Employer	Occupation		
How Long?	Contact Person		
Contact Telephone #	Monthly Income		
Additional Income Per Mo	nth		
Bank Name	Branch		

## **Other Information**

Number of Vehicles (including company vehicles)				
Make/Model	Year	Color	State	
Make/Model	Year	Color	State	
Make/Model	Year	Color	State	

Residents with garages must park at least 1 vehicle in garage. Garages not to be used as storage units.

I/We authorize 2K Land Development LLC, Warren & Teresa Benner, Owners, to investigate my/our credit qualifications and hereby release, in any manner, all of the information obtained by you. I/We declare under penalty of perjury that the information listed in this application is true and correct.

<b>Applicants Signature</b>	Date

Co-Applicants Signature	Date
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The undersigned authorizes landlord, leasing agent, and representatives of owner/landlord to contact the undersigned's current or previous landlord, and current employer, and further, by a copy of this Application, authorizes any said landlord or employer to release pertinent residential and employment history information to be used in evaluating my application. I further authorize owner/landlord, leasing agent or its representatives to apply for or obtain an investigation or credit report in connection with this application. I understand that said investigation or credit report may contain information obtained from various state governmental and private entities relative to the undersigned's number of children, employment, occupation, general health, financial and criminal history information. Number of children to occupy residence.

Name	Age	Birth date
Name	Age	Birth date
Name	Age	Birth date
Name	Age	Birth date
Have you ever:		
Been served an eviction n	otice or been as	sked to vacate property?
Willfully or intentionally	refused to pay i	rent when due?
Been convicted of a crime	? Be	en sued for lawful detainer?
Current with present land	dlord?	Proper vacate notice given?
How were you referred to	ous?	
Rental Unit applied for?_		
Rental Amount per Montl	h?	Term?
Pets Allowed?		Deposit?

Deposit is due upon signing of Rental Agreement in addition to first month's rent. Deposit is used only for rental unit turnover cleaning services and repair, and remainder will be returned to renter. If possession of rental unit is given on any day other than the 1<sup>st</sup> day of the month, the first month's rent will be pro-rated.

Upon completing application, please return to landlord/owner. Review of application will take approximately 1 business day. You will be contacted with the results of the application review. Fax: (509) 243-7778