

Summit East Plaza Apartments Application for Occupancy

(816) 524-8222; summiteast@sbcglobal.net

Unit type: _____ Rent: _____ Applicant Guarantor
Move in date _____ Roommates: _____

Applicant Information

Last Name: _____ First: _____ Middle: _____
Maiden or Former names: _____ Date of Birth: _____
Phone number: _____ Email: _____
SSN: _____ Driver's License # _____ State: _____

SPOUSE:

Last Name: _____ First: _____ Middle: _____
Maiden or Former names: _____ Date of Birth: _____
Phone number: _____ Email: _____
SSN: _____ Driver's License # _____ State: _____

Residential Information – Include information for at least the last 3 years

Present:

Rent Own Family From ____/____ to ____/____ Rent \$ _____
Street Address: _____ Apt _____
City: _____ State: _____ Zip: _____
Apartment/Landlord Name: _____ Phone: _____
Email or website: _____
Reason for moving _____

Previous:

Rent Own Family From ____/____ to ____/____ Rent \$ _____
Street Address: _____ Apt _____
City: _____ State: _____ Zip: _____
Apartment/Landlord Name: _____ Phone: _____
Email or website: _____

Previous:

Rent Own Family From ____/____ to ____/____ Rent \$ _____
Street Address: _____ Apt _____
City: _____ State: _____ Zip: _____
Apartment/Landlord Name: _____ Phone: _____
Email or website: _____

Additional Information

Have you ever willingly refused to pay rent? _____ If so, to whom and why? _____

Have you ever been evicted? _____ If so, by whom and why? _____

Have you ever been convicted of a crime? _____ If so, where, when and what was the charge? _____

Employment and Income Information

Present:

Employer _____ Position _____ Monthly Income _____
Address: _____ City: _____ State: _____ Zip _____
Supervisor Name and Title: _____ Phone: _____
Start Date (Mo/Yr) _____ Email or website: _____

Previous or Spouse:

Employer _____ Position _____ Monthly Income _____
Address: _____ City: _____ State: _____ Zip _____
Supervisor Name and Title: _____ Phone: _____
Start Date (Mo/Yr) _____ Email or website: _____

Previous or Spouse:

Employer _____ Position _____ Monthly Income _____
Address: _____ City: _____ State: _____ Zip _____
Supervisor Name and Title: _____ Phone: _____
Start Date (Mo/Yr) _____ Email or website: _____

Other Income:

Source of Income _____ Monthly Amt _____

Additional Information

Emergency Contact _____ Phone: _____ Relationship _____
Character Reference _____ Phone: _____ Relationship _____
Character Reference _____ Phone: _____ Relationship _____
Bank: _____ Checking Savings
Car: Make _____ Model _____ License Plate # _____
Rent: _____ Security Deposit: \$300, Pet Deposit \$300 / \$500

Incomplete applications will not be processed. By signing, the applicant recognizes that an investigative report will be prepared whereby information is obtained from credit bureaus, landlords and employers, through interviews and public records. This inquiry includes information as to your character, general reputation, credit and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information, as a result of an incomplete application or because the management does not feel your police record, income or background are a good fit for this community.

Must be at least 21 years old to sign the lease.

Applicant Signature	Date	Applicant Signature	Date
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