

**RENTAL MANAGEMENT SOLUTIONS**

Contact Telephone Number: \_\_\_\_\_

**APPLICATION FOR RESIDENCY**

Applying For: \_\_\_\_\_

Last Name	First Name	MI	Date of Birth	Social Security Number

Single [ ] Married [ ] Divorced [ ] Separated [ ] Maiden Name \_\_\_\_\_

Last Name	First Name	Relationship	Date of Birth	Social Security Number

Is there anyone other than those listed on this applications whose credit could impact yours? \_\_\_\_ Yes \_\_\_\_ No

If Yes, explain: \_\_\_\_\_

ANTICIPATED MOVE IN DATE: \_\_\_\_\_

**RESIDENTIAL HISTORY : PLEASE LIST PREVIOUS THREE YEARS (USE BACK OF PAGE IF NEED MORE ROOM)**

**CURRENT ADDRESS:** \_\_\_\_\_ **RENT:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PREVIOUS ADDRESS (If Within Three Years)** \_\_\_\_\_ **RENT:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PREVIOUS ADDRESS (If Within Three Years)** \_\_\_\_\_ **RENT:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EMPLOYMENT INFORMATION (USE BACK OF PAGE IF NEED MORE ROOM)**

**EMPLOYER:** \_\_\_\_\_

**DATE EMPLOYED:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**EMPLOYERS ADDRESS:** \_\_\_\_\_

**SALARY:** \_\_\_\_\_ *IF EMPLOYED FOR LESS THAN 6 MONTHS, PREVIOUS EMPLOYER BELOW.*

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_

**ROOMATE EMPLOYER:** \_\_\_\_\_

**DATE EMPLOYED:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**EMPLOYERS ADDRESS:** \_\_\_\_\_

**SALARY:** \_\_\_\_\_ *IF EMPLOYED FOR LESS THAN 6 MONTHS, PREVIOUS EMPLOYER BELOW.*

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_

PLEASE LIST YOUR CURRENT ASSETS		LIST THREE CHARACTER REFERENCES - NAME, ADDRESS, PHONE	
	LOCATION/INSTITUTION		
CHECKING		REF #1	_____
SAVINGS			
CD'S		REF#2	_____
STOCKS/BONDS/IRA			
PROPERTY		REF#3	_____
OTHER			

EMERGENCY CONTACT INFORMATION - LIST TWO PLEASE			
	NAME & ADDRESS	RELATIONSHIP	TELEPHONE
Contact #1			
Contact #2			

**HOW DID YOU HEAR ABOUT US? - IF REFERRED BY CURRENT RESIDENT MUST LIST HERE**

Newspaper [ ] Apartment Guide [ ] Drive By [ ] AT&T Yellow Pages [ ] Feist Yellow Pages [ ]  
 Resident Referral [ ] Who? \_\_\_\_\_ Other [ ] How? \_\_\_\_\_

VEHICLE INFORMATION					
MAKE	MODEL	YEAR	COLOR	STATE	PLATE NUMBER

**YES/NO**

**DO YOU OWN A WATER BED?** \_\_\_\_\_  
**EVER BROKEN A LEASE:** \_\_\_\_\_ If yes, list details. \_\_\_\_\_  
**EVER BEEN EVICTED?** \_\_\_\_\_ If yes, list details. \_\_\_\_\_  
**DO YOU HAVE A PET?** \_\_\_\_\_ If yes, list details. \_\_\_\_\_

	Breed:	Pet 1	Pet 2	Pet 3
	Age/Weight:			
	Weight:			
	Spay./Neut.?:			

If yes, please provide detail including where, what and when:

This application must be completed in full and signed by all adults who will occupy the premises before it can be considered by Landlord. This application is made with the understanding that it is subject to acceptance by the owner and subject to execution by a legal representative of said company and delivery of a lease covering said premises. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to applicant or credited toward any deposit which may be required of applicant at the time a rental agreement is executed. If the premises is held for applicant for more than three (3) days after approval, all monies deposited shall be forfeited to Landlord as liquidated damages.

I/We certify that the above is true and accurate to the best of our knowledge and that we are the person/s who will reside in the residence. I/we agree to allow Rental Management Solutions authorization to investigate any personal, financial, credit and criminal records through services of the Landlord's preference for the purpose of determining my/our eligibility to rent the property that I/We have made an application for.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Agent for Owner

# Rental Management Solutions

## Rental Qualification Standards

Thank you for applying for housing provided by Rental Management Solutions. All applicants must meet the following standards to be eligible for housing at the subject property.

- Income – Total household income must meet or exceed three times (3) the monthly rent if tenant is responsible for all utilities. Two and a half times (2.5) if tenant is not responsible for all utilities. And two (2) times if the tenant is not responsible for any utilities.
- Credit – Credit qualifications will be determined on the basis of the credit history report. Prior bankruptcy will only be considered if discharged. Properties will be subject to the following qualifying levels:
  - 1<sup>st</sup> Tier: Credit history must not contain any outstanding balances to landlords or applicable utility companies.
  - 2<sup>nd</sup> Tier: Credit score must be 580 or above; history must not reflect any outstanding balances to landlords or utility companies.
  - 3<sup>rd</sup> Tier: Credit score must be positively rated with an overall score of 650 or above; history must not reflect any outstanding balances to landlords or utility companies.
- Criminal Background – Any felony conviction or drug related conviction will give basis for denial of the application. Pending criminal charges will be basis for denial until the outcome has been decided.
- Age – All lessees must be 18 years of age.
- Rental history – Previous housing on rental property must provide good reference. No balance may be left outstanding to any previous landlord. Sufficient notice must be given.
- Pets – All pets must be pre-approved by manager.
- Number of Occupants – Maximum occupancy of 2 persons per bedroom.

*EQUAL HOUSING – Rental Management Solutions has a comprehensive policy against discrimination and will provide equal opportunity housing to all qualified persons regardless of race, color, national origin, religion, sex, familial status, or disability.*

I understand and agree to the Rental Qualification Standards as stated above. It has been explained to me/us that by signing this document that I/we certify that approval of my/our application will be based on the guidelines listed above.

\_\_\_\_\_  
Applicant Signature      Date

\_\_\_\_\_  
Applicant Signature      Date

\_\_\_\_\_  
Agent Signature                      Date



# Rental Management Solutions

1824 S. Kansas Ave.

Topeka, KS 66612

(785) 266-3499

## TENANT RELEASE AND CONSENT

I/We, \_\_\_\_\_, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to **Rental Management Solutions**, for purposes of verifying information on my/our apartment rental application.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identify; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers  
Veterans Administration  
State Unemployment Agencies  
Retirement Systems  
Banks/Other Financial Institutions  
Medical and Child Care Providers

Welfare Agencies  
Previous Landlords (including public housing agencies)  
Social Security Administration  
Support and Alimony Providers

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## RENTAL MANAGEMENT SOLUTIONS

Phone: 785-266-3499 Fax: 785-266-3994 E-mail: RMS2@cox.net

### Security Deposit Policy

Thank you for applying for residency at a Rental Management Solutions managed property. As you have been made aware, the security deposit takes this home off the market and reserves it for you so that once you are approved, the home will still be available for you to rent. By taking this home off the market we are no longer actively showing and leasing the home. Once your application screening is approved and you have been notified of this, you have **72** hours in which to accept this home and make plans for moving in. If within the first **72** hours of approval you decide this home is not right for you and you change your mind and do not want to move-in, your entire deposit (or portion paid) will be refunded to you. If you make this decision after the **72** hour period, the security deposit (or portion of) is forfeited and will not be refunded.

I have read and agree to this Security Deposit Policy and understand that you are taking this home off the market and reserving it for me. In the event that I change my mind after **72** hours, I forfeit my entire security deposit.

Please be aware that if you choose to pay for your deposit with a personal check it will be deposited immediately. If you pay with a personal check it may take 7 – 10 business days to re-fund your security deposit in the event that the application is denied. **WE DO NOT ACCEPT CASH FOR DEPOSIT.**

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Applicant Signature

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Applicant Signature