

Date Received: \_\_\_\_\_  
 OFFICE USE ONLY  
 Time Received: \_\_\_\_\_  
 Desired Move In: \_\_\_\_\_  
 Desired unit type: \_\_\_\_\_

**Parsonian Senior Apartments**  
 1725 Broadway  
 Parsons, KS 67357  
 Phone: 620-421-9046  
 Fax: 620-421-9494

Application taken by: \_\_\_\_\_

**RENTAL APPLICATION**

ANY QUESTIONS THAT DO NOT APPLY, PLEASE MARK "NONE" OR "\$0.00". DO NOT LEAVE ANY BLANK LINES.

**Applicant and Family Information**

MARITAL STATUS (check one):  Married  Divorced  Separated \*  Never Married  Widowed

\*If separated, form APA must be provided.

List all permanent household members who will live in the apartment home during the next 12 months. Be sure to list any temporarily absent family members, foster children/adults, unborn children or Live In Care Attendants.

	FULL LEGAL NAMES OF ALL HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	AGE	SOCIAL SECURITY #	ARE YOU A STUDENT? List "No," * "Part Time," or "Full Time" **
1	_____	_____	____/____/____	_____	____-____-____	_____
2	_____	_____	____/____/____	_____	____-____-____	_____
3	_____	_____	____/____/____	_____	____-____-____	_____
4	_____	_____	____/____/____	_____	____-____-____	_____
5	_____	_____	____/____/____	_____	____-____-____	_____
6	_____	_____	____/____/____	_____	____-____-____	_____
7	_____	_____	____/____/____	_____	____-____-____	_____
8	_____	_____	____/____/____	_____	____-____-____	_____

\* If there is only one household member stating no, and he/she is 18 or older, complete form SSA or applicable student form.  
 \*\* When the individual is / will be attending any educational institution full time in the next 12 months including kindergarten through post graduate school & trade schools.  
 If the head, co-head, or spouse is a FT or PT student, how is tuition paid (loans, scholarships, parents, etc)? \_\_\_\_\_  
 HOME/CELL PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**Employment Information**

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Occupation / Title: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_ including bonuses, overtime, tips, commission, etc.  
 Do you have a second job? (Circle one) Yes No If yes, where: \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

**SPOUSE INFORMATION (CO-HEADS AND ROOMMATES MUST COMPLETE SEPARATE APPLICATIONS)**

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Occupation / Title: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_ including bonuses, overtime, tips, commission, etc.  
 Do you have a second job? (Circle one) Yes No If yes, where: \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_



<b>Income Information</b>					
<i>Please indicate each source of income received or anticipated within the next 12 months</i>					
DESCRIPTION OF INCOME OR STATUS	RECEIVES NOW OR ANTICIPATES RECEIVING <i>(must circle Yes or No)</i>		IF YES, HOUSEHOLD MEMBER NAME	GROSS AMOUNT REC'D MONTHLY	IF YES, COMPLETE FORM
Employment/ Anticipated Employment	YES	NO		\$	If YES, VOE If NO, ANE & applicable documentation If no spouse, documentation is not required
Spouse Employment/ Anticipated Employment	YES	NO		\$	
Self-employment	YES	NO		\$	ASE & applicable documentation
Military Pay	YES	NO		\$	VMP
Do you have court ordered child support/alimony?	YES	NO		Ordered Amount \$	If YES, CSA & VCS If NO, CSA only <i>If no children, documentation not required</i>
Do you receive child support/alimony not court ordered? (include non-monetary support such as diapers, clothing, etc)	YES	NO		\$	CSA & ACS (monetary support) or ANC (non-monetary support)
Unemployment Benefits	YES	NO		\$	VUB & ANE
Social Security, SSI, SSD	YES	NO		\$	VSS
V.A. Benefits	YES	NO		\$	VVA
TANF (AFDC)	YES	NO		\$	VPA
Disability, Worker's Comp.	YES	NO		\$	VDW & ANE
Recurring Gift of monetary value	YES	NO		\$	ARG
Recurring Gift of non-monetary value (clothing, etc)	YES	NO		\$	ANC
Regular Pmts from Retirement Acct.	YES	NO		\$	VRA
Financial Aid (grants, scholarships, etc)	YES	NO		\$	VFA
Regular Pmts from Trust Account	YES	NO		\$	VOB
Income from Temporarily Absent Family Member	YES	NO		\$	Applicable documentation
Other: Type _____	YES	NO		\$	VOI

\*If no income listed above, applicant must also complete form CZI.

Housing Assistance	YES	NO	If yes, Public Housing Authority: _____
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<b>Asset Information</b>						
<i>Please include all assets, including assets for children</i>						
DESCRIPTION OF ASSET	CURRENTLY HAVE		IF YES, HOUSEHOLD MEMBER NAME	VALUE	IF ALL ASSETS COMBINED OVER \$5,000 <i>*If HH has no assets, complete U5KAC</i>	IF ALL ASSETS COMBINED UNDER \$5,000
Cash Held	YES	NO		\$	Add to ACW	UFT
Checking Acct (6 mo. avg. balance)	YES	NO		\$	VOB	UFT
Savings Account (current balance)	YES	NO		\$	VOB	UFT
Debit Express Card (SS/A Benefits)	YES	NO		\$	VOB	UFT
Certificate of Deposit	YES	NO		\$	VOB	UFT
Trust Account	YES	NO		\$	VOB	UFT
Treasury Bills, Money Market Fund	YES	NO		\$	VOB	UFT
Stocks or Mutual Funds	YES	NO		\$	VSM	UFT
Bonds	YES	NO		\$	VBD	UFT
Retirement Plan Account:						
IRA / Keogh	YES	NO		\$	VRA	UFT
Pension / 401(k) / Annuities	YES	NO		\$	VRA	UFT
Other: _____	YES	NO		\$	VRA	UFT
Life insurance policy (not Term)	YES	NO		\$	VLI	UFT
Real Estate currently owned	YES	NO		\$	COA & applicable documentation	
Rental Property	YES	NO		\$	CRI & applicable documentation	
Assets disposed of for less than Fair Market Value in past 2 yrs	YES	NO		\$	CDA & applicable documentation	
Personal Property held for investment	YES	NO		\$	CPP & applicable documentation	
Other: _____	YES	NO		\$	Applicable documentation	



Applicant Name: \_\_\_\_\_

Residency History			
must list at least 5 years history			
Current Address: _____			
City: _____	State: _____	Zip: _____	
Do you: <input type="checkbox"/> Rent	<input type="checkbox"/> Own your home	<input type="checkbox"/> Other _____	Month and year moved in: _____
Monthly Rent/Mortgage: \$ _____	Reason for moving: _____		
Landlord / Mortgage Company: _____	Phone#: _____		
Previous Address: _____			
City: _____	State: _____	Zip: _____	
Did you: <input type="checkbox"/> Rent	<input type="checkbox"/> Own your home	<input type="checkbox"/> Other _____	Month and year moved in: _____ Month and year moved out: _____
Monthly Rent/Mortgage: \$ _____	Reason for moving: _____		
Landlord / Mortgage Company: _____	Phone#: _____		
Previous Address 2: _____			
City: _____	State: _____	Zip: _____	
Did you: <input type="checkbox"/> Rent	<input type="checkbox"/> Own your home	<input type="checkbox"/> Other _____	Month and year moved in: _____ Month and year moved out: _____
Monthly Rent/Mortgage: \$ _____	Reason for moving: _____		
Landlord / Mortgage Company: _____	Phone#: _____		
Have you ever been evicted? (circle one) Yes No If Yes, why? _____			

Other Information			
Your Driver's License / State ID # : _____			State Issued: _____
Spouse's Driver's License / State ID # : _____			State Issued: _____
Vehicles:			
Year: _____	Make: _____	Model: _____	Color: _____ License #: _____
Year: _____	Make: _____	Model: _____	Color: _____ License #: _____
<i>All vehicles must be registered with the Management Office.</i>			
Do you have any pets? (circle one) Yes No If Yes, what type and weight? _____			
Has anyone in your household been convicted of any drug offense or felony? (circle one) Yes No If Yes, who? _____			
Explain: _____			
<b>EMERGENCY CONTACT:</b> List someone NOT in this household Name: _____			
Address: _____ Phone #'s _____			
*In the event of an emergency, my belongings may be released to the individual listed above.			



I / we hereby apply to lease an apartment at the above named community on the terms set forth herein. I/we attest to the management agent for the Owner of the property, that all statements contained herein are true and correct. I/we have been advised, understand, and agree that residency at this community entails certain income restrictions and that residency is subject to rental qualifications. I/we understand and agree that deliberately submitting false information or withholding information constitutes fraud. ***If application is falsified, Federal Law specifies fines up to \$10,000 and imprisonment for terms of up to five years and is grounds for eviction.*** I / we understand and agree that, in addition to execution of a lease agreement and necessary addenda, I / we will execute a resident certification attesting to the information contained herein, which will be made under the penalty of perjury. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes, or whenever you need to add or remove a household member from your application.

I / we have received a copy of the qualifying criteria, and I / we hereby offer \$ 20.00 as a non-refundable application fee. If I / we do not meet any of the qualifying criteria, my / our application will be rejected and my / our application fee ***WILL NOT*** be refunded under ***ANY*** circumstances. Reports and checks determining my/our qualifications may be made by a separate party.

I / we hereby waive any claim to damages by reason of non-acceptance. Upon acceptance of this application, my / our security deposit shall be due in full. When so approved and accepted, I / we understand and agree to pay the full security deposit within 72 hours. The full deposit is \$ 300.00. In addition, a pet privilege charge of \$ 200.00 is due (if applicable). I / we agree to execute a lease agreement before possession is delivered and to pay the balance of any other deposits and / or fees in the form of a certified check or money order. ***I / we understand if I / we fail to take possession of the apartment, after the deposit(s) is / are paid, that my / our security deposit will be forfeited.***

If management cannot have an apartment for me / us by the desired move in date listed on page 1 of this application because the apartment is not ready for occupancy or because another resident holds over or for any other reason Management is not liable to me / us for damages. I / we will not be required to pay any rent until the apartment is available. If Management is not able to deliver possession to me / us within 30 days of projected date, I / we may cancel the application without further obligation and my / our security deposit will be refunded.

I / we agree: (a) to be bound by and comply with the Lease and all addenda; (b) that the community will retain this application whether or not it is approved; (c) that everything stated in this application is true to the best of my / our knowledge; and (d) that I / we grant the community authority to check my / our credit, employment, rental and criminal history, and to secure follow up credit reports and employment verifications. If rejection of my / our application occurs, I / we hereby authorize the community to share information with management company for purposes related to the rental of an apartment or residency of any type or other purposes.

### Resident 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, criminal history, previous residencies, income, and / or assets to the above named community, its owners, and agents for purposes of verifying information on my / our rental application.

I / we understand that this authorization cannot be used to obtain any information about me / us that is not pertinent to my / our eligibility for and continued participation as a qualified resident.

#### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

- |  |   |   |
|--|---|---|
| <i>Past &amp; Present Employers</i>    | <i>State Unemployment Agencies</i>                      | <i>Veterans Administration</i>                |
| <i>Past &amp; Present Landlords</i>    | <i>Welfare Agencies</i>                                 | <i>Retirement Systems</i>                     |
| <i>Support &amp; Alimony Providers</i> | <i>Social Security Administrations</i>                  | <i>Banks and Other Financial Institutions</i> |
| <i>Public Housing Agencies</i>         | <i>Federal / State / Local Law Enforcement Agencies</i> | <i>Medical and Child Care Providers</i>       |
| <i>Utility Companies</i>               |   |   |

#### CONDITIONS

I / we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for the length of my financial obligation.

#### SIGNATURES

Applicant Signature	Printed Name	Date
Spouse Signature	Printed Name	Date

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "REQUEST FOR COPY OF TAX FORM" must be prepared and signed separately.

#### FOR OFFICE USE ONLY

Approved or  Denied Date: \_\_\_\_\_ By: \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_

Notes / Comments: \_\_\_\_\_

