



Rental Application for Residents and Occupants

Each co-applicant and each occupant over 18 years old must submit a separate application.
Spouses may submit a single application.



Date when filled out: _____

ABOUT YOU Full name (exactly as on driver's license or govt. ID card) _____

Your street address (as shown on your driver's license or government ID card): _____

Driver's license # and state: _____
OR govt. photo ID card #: _____

Former last names (maiden and married): _____

Your Social Security #: _____

Birthdate: _____ Height: _____ Weight: _____

Sex: _____ Eye color: _____ Hair color: _____

Marital Status: single married divorced widowed separated

Are you a U.S. citizen? Yes No Do you or any occupant smoke? yes no

Will you or any occupant have an animal? yes no

Kind, weight, breed, age: _____

Current home address (where you now live): _____

City/State/Zip: _____

Home/cell phone: (____) _____ Current rent: \$ _____

Email address: _____

Name of apartment where you now live: _____

Current owner or manager's name: _____

Their phone: _____ Date moved in: _____

Why are you leaving your current residence? _____

Your previous home address: _____

City/State/Zip: _____

Apartment name: _____

Name of above owner or manager: _____

Their phone: _____ Previous monthly rent: \$ _____

Date you moved in: _____ Date you moved out: _____

YOUR WORK Present employer: _____

Address: _____

City/State/Zip: _____

Work phone: (____) _____

Position: _____

Your gross monthly income is over: \$ _____

Date you began this job: _____

Supervisor's name and phone: _____

Previous employer: _____

Address: _____

City/State/Zip: _____

Work phone: (____) _____

Position: _____

Gross monthly income was over: \$ _____

Dates you began and ended this job: _____

Previous supervisor's name and phone: _____

YOUR CREDIT HISTORY Your bank's name, city, state: _____

List major credit cards: _____

Other non-work income you want considered. Please explain: _____

Past credit problems you want to explain. (Use separate page.) _____

YOUR RENTAL/CRIMINAL HISTORY Check only if applicable. Have you, your spouse, or any occupant listed in this Application ever: been evicted or asked to move out? moved out of a dwelling before the end of the lease term without the owner's consent? declared bankruptcy? been sued for rent? been sued for property damage? been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion? been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? Please indicate below the year, location and type of each felony and sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above.

YOUR SPOUSE Full name: _____

Former last names (maiden and married): _____

Spouse's Social Security #: _____

Driver's license # and state: _____
OR govt. photo ID card #: _____

Birthdate: _____ Height: _____ Weight: _____

Sex: _____ Eye color: _____ Hair color: _____

Are you a U.S. citizen? Yes No

Present employer: _____

Address: _____

City/State/Zip: _____

Work phone: (____) _____

Position: _____

Date began job: _____ Gross monthly income is over: \$ _____

Supervisor's name and phone: _____

OTHER OCCUPANTS Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card # and state: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card # and state: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card # and state: _____

Birthdate: _____ Social Security #: _____

YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

WHY YOU RENTED HERE Were you referred? Yes No. If yes, by whom:

Name of locator or rental agency: _____

Name of individual locator or agent: _____

Name of friend or other person: _____

Did you find us on your own? Yes No If yes, fill in information below:

On the Internet Stopped by Newspaper (name): _____

Rental publication: _____

Other: _____

EMERGENCY Emergency contact person over 18, who will not be living with you:

Name: _____

Address: _____

City/State/Zip: _____

Work phone: (____) _____ Home phone: (____) _____

Relationship: _____

If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of [check one or more] the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.

AUTHORIZATION I or we authorize (owner's name) _____

Falcon Falls, LLC

to obtain reports from consumer reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Applicant's signature _____

Spouse's signature _____

Contemplated Lease Contract Information

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

The Missouri Apartment Association Lease Contract to be used must be the latest version published by the association unless an earlier version is initialed by resident(s) and attached to this Application. The blanks in the Lease Contract will contain the following information:

- Names of all residents who will sign Lease Contract
Name of Owner/Lessor Falcon Falls, LLC
Property name and type of dwelling (bedrooms and baths)
Complete street address
City/State/Zip Kansas City, MO
Names of all other occupants not signing Lease Contract
Total number of residents and occupants
Our consent necessary for guests staying longer than 7 days
Beginning date and ending date of Lease Contract
Number of days notice for termination 60
Total security deposit \$
Animal deposit \$
of keys/access devices for: unit, mailbox, other
Total monthly rent for dwelling unit \$

- Rent to be paid at (check one) [X] on-site manager's office or [] at
Prorated rent for: [] first month or [] second month \$
Monthly rental due date
Late charges due if rent is not paid on or before the 4th
Initial late charge \$ 0.00; Daily late charge \$ 0.00
Returned-check charge \$ 35.00
Animal violation charges: Initial \$ 25.00; Daily \$ 0.00
Check if the dwelling is to be furnished;
Utilities paid by owner (check all that apply): [] electricity, [] gas, [] water, [] wastewater, [] trash, [] cable TV, [] master antenna;
You will (check one): [] not buy insurance or [] buy insurance;
Agreed reletting charge \$
Your move-out notice will terminate Lease Contract on (check one): [] last day of month, or [X] exact day designated in move-out notice;
If dwelling unit is house or duplex, owner will be responsible under paragraph 25 of the Lease Contract for [] lawn/plant maintenance, [] lawn/plant watering, [] picking up trash from grounds, [] lawn/plant fertilization, [] trash receptacles. If not checked, applicant will be responsible. The applicant will be responsible for the first \$ of each repair.
Special provisions regarding parking, storage, etc. (see attached page, if necessary):

Application Agreement

- 1. Lease Contract Information. The Lease Contract contemplated by the parties is attached...
2. Application Fee (nonrefundable). You have delivered to our representative an application fee...
3. Application Deposit (may or may not be refundable). In addition to any application fee...
4. Approval When Lease Contract Is Signed in Advance. If you and all co-applicants have already signed...
5. Approval When Lease Contract Isn't Yet Signed. If you and all co-applicants have not signed...
6. If You Fail to Sign Lease After Approval. Unless we authorize otherwise in writing...
7. If You Withdraw Before Approval. You and any co-applicants may not withdraw your application...
8. Completed Application. An Application will not be considered "completed" and will not be processed...
9. Nonapproval in Seven Days. We will notify you whether you've been approved within seven days...
10. Refund after Nonapproval. If you or any co-applicant is disapproved or deemed disapproved...
11. Extension of Deadlines. If the deadline for signing, approving, or refunding...
12. Notice to or from Co-applicants. Any notice we give you or your co-applicant is considered notice...
13. Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed...
14. Receipt. Application fee (nonrefundable): \$
Application deposit (may or may not be refundable): \$
Total of above application fee and application deposit: \$
Total amount of money we've received to this date: \$
15. Signature. Our representative's signature is consent only to the above application agreement.

Acknowledgment. You declare that all your statements on the first page of this Application are true and complete. You authorize us to verify same through any means, including consumer reporting agencies and other rental housing owners. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy.

If you're seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel.)

Doctor's name: Doctor's phone: ()

Important medical information about you in an emergency:

This Rental Application and the Lease Contract are binding legal documents when signed. Please read them carefully. Before submitting a Rental Application or signing a Lease Contract, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. You are entitled to an original of the Lease Contract after it is fully signed.

Applicant's Signature: Date:

Signature of Spouse: Date:

Signature of Owner's Representative: Date:

FOR OFFICE USE ONLY

- 1. Apt. name or dwelling address (street, city) Falcon Falls, LLC Unit # or type:
2. Person accepting application: Phone: ()
3. Person processing application: Phone: ()
4. Date that applicant or co-applicant was notified by [] telephone, [] letter, or [] in person of [] acceptance or [] nonacceptance:
(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)
5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):
6. Name of owner's representative who notified above person(s):

