

Lincoln Meadows Apartments



RENTAL APPLICATION

This application is made for an apartment unit at Lincoln Meadows Apartments, 9000 East Lincoln Street, Wichita, Kansas 67207

Anticipated Move-in date:

Anticipated Rent Range:

Fill out the application completely and accurately. Complete your housing history and employment history, including names and telephone numbers. Social security number is required for processing application. If this application is not complete, a telephone call may be placed to the applicant to obtain the information in order to complete the process. If the call does not provide the needed information, rejection may be based upon an incomplete application. (Falsification of information is also grounds for denial of the application.)

List all sources of income. Applicants must demonstrate an ability to pay the monthly rent. Employment references will be checked to verify income. If an applicant has no rental experience, a cosigner may be considered.

Lincoln Meadows processes all applicants in the same manner. Background and Credit References are checked thoroughly. Poor credit may be grounds for disapproval.

Lincoln Meadows rents to applicants in the order in which their applications are approved. Application processing may take up to 72 hours. We will contact you after your application has been processed. No deposit is required upon application. The reservation for a unit will not be in effect until after the Deposit Application Processing Fee and the Security Deposit have been received and the applicant has provided a copy of a state issued photo ID.

This application is made with the understanding that it is subject to acceptance by Lincoln Meadows Apartments and subject to execution of a Lease agreement covering said dwelling unit. The undersigned represents that all statements are true and complete, and by submitting this application authorizes verification of information and references given, credit reports, criminal records and tenant performance reports; and holds Lincoln Meadows, its agents and the Reporting Agencies harmless for the release of any information obtained in the application.

Applicant Information

Applicants First Name: M: Last Name:

Date of Birth: / / Social Security #: - - Drivers License #:

Applicant's Phone #: () - Applicant's E-mail Address:

Other Persons to Occupy the Apartment:	Adult Y/N	Relationship:
<input type="text"/>	Y / N	<input type="text"/>
<input type="text"/>	Y / N	<input type="text"/>
<input type="text"/>	Y / N	<input type="text"/>

In Case of Emergency, Contact:

Relationship: Phone #: () -

Address: City: ST: Zip:

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2 Year Employment History (Please complete 2 years in full)

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Current Employer: From: / / To: / /

Income: \$ per month Phone #: () - Fax #: () -

Address: City: ST: Zip:

Previous Employer: From: / / To: / /

Income: \$ per month Phone #: () - Fax #: () -

Address: City: ST: Zip:

Other Income Sources and Amounts: (verification must be provided)

2 Year Lease History & Lease Details (Please complete 2 years in full)

Current Address: City: ST: Zip:

Current Landlord: Phone #: () - Fax #: () -

Landlord Address: City: ST: Zip:

Rent Paid: \$ per month From: / / To: / / Utilities You Pay: \$ per month

Previous Address: City: ST: Zip:

Previous Landlord: Phone #: () - Fax #: () -

Landlord Address: City: ST: Zip:

Rent Paid: \$ per month From: / / To: / / Utilities You Pay: \$ per month

1) Has an eviction action ever been filed against you or someone you were living with at the time? Y / N (circle one)

If Yes, by whom, and for what reason?

2) Have you ever been convicted of a crime involving violence to persons or property in the last 3 years? Y / N (circle one)

If Yes, state when and describe?

3) Have you been convicted of any drug related offenses in the last 3 years? Y / N (circle one)

If Yes, state when and describe?

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Cosigner

In the event that your housing history or credit history is not adequate, please name a cosigner below:

Cosigner's Name:

Cosigner's Address: City: ST: Zip:

Relationship: Phone #: () -

Automobile Parking

Is covered parking desired? Y / N (circle one)

Pets (There is no guarantee that pets are permitted)

Do you have a pet? Y / N (circle one)

Dog? Y / N (circle one) [\$25.00/per month]
Cat? Y / N (circle one) [\$25.00/per month] Other Pets, if so what kind? _____

How did you hear about Lincoln Meadows? (check those that apply)

() Advertisement () Drive By () Former Tenant () Apartment Guide () Apartments.com
() Google Search () Yahoo Search () Lincoln Meadows Website () Other _____

I, the undersigned, hereby acknowledge that I have read and understand this application, and all information that has been submitted, including the information listed on this application, is true and correct. I understand that all application information and materials are being relied upon in application processing and are a pre-condition to approval by Lincoln Meadows Apartments. Any false statements or omissions are grounds for immediate application rejection, or future termination of any lease signed pursuant to this application. I hereby authorize management to conduct routine housing references, employment verification, criminal background checks, public records checks, financial reference investigations, and to obtain and rely on credit agency reports for the purpose of processing this application. I understand and acknowledge that my performance under any lease agreement I may enter into with the landlord may be reported to such credit-reporting agency, and authorize management to obtain my credit report for the purpose of collecting any amounts due pursuant to any future lease agreement with the landlord.

I certify that I have read the above statement and agree to its terms.

Sign:

Date: / /

() If denied, I wish to receive a written explanation of a denial of a tenancy.

Mail or Hand Deliver
this application to:
Lincoln Meadows Apartments
9000 East Lincoln Street
Wichita, KS 67207

Or Fax
this application to:
316-682-0484

For more info:
www.lincolnmeadows.com
Phone **316-687-9000**