TOWER PROPERTIES LAWRENCE RESIDENTIAL LEASE APPLICATION

Tuckaway 2600 West Sixth St. Lawrence, KS 66049 785-856-0432 785-842-6388 - FAX Tuckaway at Briarwood 4241 Briarwood Drive Lawrence, KS 66049 785-856-0432 785-842-6388 - FAX Harper Square 2201 Harper St. Lawrence, KS 66046 785-856-0432 785-842-6388 - FAX Hutton Farms 3401 Hutton Drive Lawrence, KS 66049 785-841-3339 785-841-3346 - FAX

A non-refundable \$35 application fee is required before processing.

Each co-applicant and person who will occupy the premises over the age of 18 must complete a separate application.

PERSONAL INFORM	MATION				
Full name:	l name:Phone:				
E-Mail Address:					
Date of Birth:	Social Security Nu	umber:			
Height: Wei	ght: Hair Color:	Eye Color:	Gender:		
Driver's license num	nber and state or government phot	o ID card no.:			
Are you a US Citize	n or Permanent Resident Alien: _	Yes N	0		
	ed no please provide information at the bein the US does not expire dur		you are lawfully in the United States e term.		
Do you or any propo	osed occupant smoke?Y	Yes No			
Name of Co-applica	nt(s):		Phone:		
If Spouse, please pro	ovide: Date of Birth:	Social Security	Social Security Number:		
(Spouse) E-Mail Ad	dress:				
Number of Depende	nts Currently Living With You:				
Name and Ages of I	Dependents:				
Number of Pets	Type, breed, and size:				
RESIDENTIAL INFO	DRMATION				
PRESENT ADDRE	ESS:				
	Street address	Apt.#	email address ()		
City	State	Zip code	Phone		
Present Landlord or	Manager / Apartment Name		Phone \$		
Dates of Occupancy			Rent/mo		
PREVIOUS ADDR					
	Street address		Apt.# ()		
City	State	Zip code	Phone (
Previous Landlord of	or Manager / Apartment Name		Phone \$		
Dates of Occupancy			Rent/mo		

PREVIOUS ADDRESS:	Street address		A == 4 #			
S	street aaaress		<i>Apt.#</i> ()		
City	State	Zip code	Phone	,		
Previous Landlord or Mana	ger / Apartment Name		Phone \$	_)		
Dates of Occupancy			Rent/mo)		
EMPLOYMENT INFORMAT	TION					
STATUS: Full-timePart-time		_StudentUnemployed		Retired		
CURRENT EMPLOYME	NT:	()				
Company Name/Employer		Phone		Supervisor		
Street Address		City		State	Zip Code	
Position		Gross monthly salary	monthly salary Starting date		late	
PREVIOUS EMPLOYMI	ENT:					
Company Name/Employer		Phone) one		Supervisor	
Street Address		City		State	Zip Code	
Position		Gross monthly salary		Dates of	employment	
SPOUSE EMPLOYMENT	Γ:					
Company Name/Employer		Phone		Supervisor		
Street Address		City		State	Zip Code	
Position	osition		Gross monthly salary		Dates of employment	
Additional Sources of	F INCOME					
	\$			()	
Source	Amount	Contact Person		Phone	, , , , , , , , , , , , , , , , , , ,	
Source	\$ Amount	Contact Person		Phone)	
ADDITIONAL FINANCIAL	Information					
BANK INFORMATION:						
nnk City/State		Phone		Account Number		
		()				
HAVE YOU EVER Filed for bankrupto		Yes		_No		
Been evicted or asl	Yes Yes		_No No			
Been sued for rent Moved out before	Yes		_No _No			

Willfully or	intentionally refused to pay rent?	YesNo
felony, misd substance, v destruction of was resolved adjudication supervision, Been charge felony, misd substance, v destruction of has not been	ed, detained, or arrested for a demeanor involving a controlled iolence to another person or of property, or a sex crime that d by conviction, probation, deferred court ordered community or pretrial diversion? d, detained, or arrested for a demeanor involving a controlled iolence to another person or of property, or a sex crime that a resolved by any method?	YesNoYesNo ay need additional facts before making a decision on your
rental application.	yes to any of the above items, we in	ay need additional facts before making a decision on your
COSIGNER INFORM	ATION	
A cosigner is required is separate cosigner form.		ements or resident history qualifications. Please complete a
EMERGENCY CONT	ACT PERSON OVER 18, WHO WIL	L NOT BE LIVING WITH YOU.
Name:	Home Phone	e:Work Phone:
Address:		
Relationship:		
and consent to such investicompany, agency, employed same to you. I hereby releperson so furnishing inform of such documents, recordare returned for stop paym or misleading information	the best of my knowledge, is true and correct igations including personal interviews with mer, bank, and association having control of dease, discharge and exonerate the landlord and mation, from any and all liability of every nat s, and other information. Application fee is Nent or insufficient funds will be assessed an a	. I hereby authorize you to conduct character and consumer investigations y references and others. I also authorize and request every person, cuments, records or other information pertaining to me, to furnish the leasing agent, their officers, directors, employees, and agents, and any are and kind arising out of the investigation or the furnishing or inspection ON-REFUNDABLE. Checks for application fees or security deposits that dditional \$30.00 fee. I understand that it may be a crime to provide false are provided any false or misleading information on this application, it is ermination of any lease agreement.
Signature		Date:
How did you learn ab Referral (name)		Newspaper []
Internet (source)		Drive by []
	OFFICE	USE ONLY
Property:		Unit:
Deposit Amount:		Rental Rate:
Above information go	ood through:	Agent Signature:
Approved	Denied*	Approved w/Guarantor Only
By:		
J .		Date: