

DC Kammann Property Management LLC

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Application For Residency

This is not a lease or a rental agreement

Unit Information

Address _____
Monthly Rent _____ Deposit Amount _____ Lease Term _____

Household Info

Please complete the following information for each household member that will occupy the unit at the time of move-in and throughout the term of the lease.

APPLICATION MUST BE COMPLETED IN FULL. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL

Name: First, Middle, Last	M/F	Social Security Number	Date of Birth: Month/Day/Year

How do we reach you? Daytime Phone #: _____ Evening Phone #: _____
Email: _____
Preferred Move-In Date _____

Emergency Contact

Name: _____ Address: _____
Phone: _____ Relationship: _____

Rental History

Please provide us with 3 years of consecutive rental history.

Have you ever refused to pay rent? Yes ___ No ___

Have you ever been evicted or asked to leave? Yes ___ No ___

1. Current Address: _____

Rent: _____ From (date): _____ To (date): _____

Landlords Name: _____ Address: _____

Phone #: _____ Fax # _____

2. Previous Address: _____

Rent: _____ From (date): _____ To (date): _____

Landlords Name: _____ Address: _____

Phone #: _____ Fax # _____

3. Previous Address: _____

Rent: _____ From (date): _____ To (date): _____

Landlords Name: _____ Address: _____

Phone #: _____ Fax # _____

YES NO

____ 1. Do you expect any additions to the household within the next 12 months?

Name & Relationship _____

____ 2. Have you, or any other person named on the application, ever been convicted of a crime related to disturbance of neighbors, destruction of property, drug related felonious criminal activity or violence to persons or property? Explanation:

____ 3. Do you have or anticipate having any pets? Explanation:

____ 4. Do you owe past due rent or other monetary obligations to your current or previous landlord?

____ 5. Do you wish to receive a written explanation of denial of tenancy?

Current Employment

Place of employment: _____ Hours per week: _____

Address: _____

How long employed : _____ Start Date: _____ Gross Monthly Income:: _____

Supervisors Name: _____ Phone #: _____ Fax #: _____

Place of employment: _____ Hours per week: _____

Address: _____

How long employed : _____ Start Date: _____ Gross Monthly Income:: _____

Supervisors Name: _____ Phone #: _____ Fax #: _____

Place of employment: _____ Hours per week: _____

Address: _____

How long employed : _____ Start Date: _____ Gross Monthly Income:: _____

Supervisors Name: _____ Phone #: _____ Fax #: _____

Have you ever filed for bankruptcy? YES ___ NO ___

Other Sources of Income

Will you be receiving any other income that you want to be considered with this application? (i.e. Sec 8 rental assistance, SSI, W-2, alimony, child support, savings, scholarships, etc) If so please provide the following and any paper documentation if possible.

Source of Income (Name of Agency): _____ Amount of Income : _____

Address of Agency: _____

Contact person: _____ Phone # : _____

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Address of Agency: _____

Contact person: _____ Phone # : _____

Self Employed Applicants : You may need to provide tax records or bank records etc to verify income.

Vehicle Information

Car #1: Primary Driver : _____ Plate #: _____

Make /Model/Year/Color: _____

Car #2: Primary Driver : _____ Plate #: _____

Make /Model/Year/Color: _____

Utility Disclosure

Utility Charges	Gas	Electric	Water	Trash
Included in rent				
Not Included				

Signature Clause

The purpose of this application is to determine whether I qualify as a tenant. If my application is approved, The landlord and I shall sign a written lease. I have no rental agreement with the landlord before the time of lease signing.

I hereby authorize the landlord and manager to investigate my credit and financial responsibility, income, rental and eviction history, conviction record and the statements made in this application, and to obtain a consumer credit report on me from a consumer credit reporting agency that complies and maintains files on consumers on a nationwide basis. My performance under any lease or rental agreement that I may enter into with the landlord may be reported to such reporting agency.

I acknowledge that the manager and the agents and employees thereof represent the interests of the landlord, but they also have a duty to treat all parties fairly and in accordance with the fair housing law, and to disclose material adverse facts about the property.

I warrant and represent that I am at least 18 years of age and that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of

Signature Date

Signature Date

Disclosure of an applicants Social Security Number (SSN) is voluntary, and housing may not be denied solely on the applicants decision to withhold their SSN.