

## **Thank you for your interest in Country Meadow Residences!!!**

**In addition to the forms in your application packet we also require:**

\*Proof of all household income

\* 4-6 most recent pay stubs with employment listed

\*IF you are Military, please provide: Last 3 LES

\*Copies of all identification or driver's licenses for household members over the age of 18

**\$40 Application Fee. Applies to each adult in the household. Must be paid by check or money order before the application process can begin.**

### **Rental Rates:**

2 Bedroom 1 Bathroom - 876 sqft - \$715

Bedroom 2 Bathroom - 959 sqft - \$765

Bedroom 2 Bathroom - 1137 sqft - \$875

**Residents are responsible for electricity with Westar in their name for the duration of their tenancy.**

**We charge a portion of the Water/Sewer/Trash Billing back to residents on a ratio billing system dependent on the amount of occupants in your home.**

**Security deposit for all apartments is \$350 and a \$50 redecorating fee is charged for all apartments. Both are due at or before lease signing.**

### **Pet Policy:**

**Up to 2 pets per household not to exceed 75lbs each and over 1 year of age.**

**UTD on Shots/vaccines - signed pet addendum**

**\$250 pet deposit - \$150 Pet Fee - \$15/month pet rent**

**Thank you for your interest in our property! We are excited about your opportunity to call Country Meadow home!**

**If you have any questions, please call us at (785)587-9094. Our office hours are M-F; 9am-5pm.**



# APPLICATION FOR LEASE

Complex \_\_\_\_\_

PLEASE PRINT

Date of requested Move-In \_\_\_\_/\_\_\_\_/\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEAD OF HOUSEHOLD** Name (First, Middle, Last) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Single  Married  Divorced  Separated Driver's License # \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Name of other persons to occupy the apartment:

Full Name	SS#	Birthdates	Relationship
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

Referred By: \_\_\_\_\_ Description of Pets: \_\_\_\_\_

### PART I – RESIDENCE HISTORY

Present Address \_\_\_\_\_ (Apartment #, City, State, & Zip) From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Landlord \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
(Name, Address, If you own list mortgage & loan number)

Previous Address \_\_\_\_\_ (Apartment #, City, State, & Zip) From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
(Name, Address, If you own list mortgage & loan number)

### PART II – CURRENT EMPLOYMENT & BANK REFERENCES

Employed By: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Hire Date \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Employed By: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Hire Date \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Other Income: \_\_\_\_\_ Est. Gross Monthly Income \_\_\_\_\_

### PART III – EMERGENCY CONTACT INFORMATION:

1<sup>st</sup> Notification Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Notification Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### APPLICATION TERMS

This application is for a \_\_\_\_\_ bedroom unit for occupancy on or about (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_. Applicant has deposited herewith the sum of \$ \_\_\_\_\_ receipt of which is hereby acknowledged as a non-interest bearing deposit (and not as rental payment) to be refunded as hereinafter provided if the lease agreement is consummated, provided however, that in the event the application is approved, and applicant fails or refuses the apartment tendered for any reason not the fault of the owner, and fails or refuses to enter into the contemplated lease with the owner then applicant agrees to forfeit the said deposit as liquidated damages and not as a penalty to cover the cost of taking and processing this application, reservation and preparation of the apartment, and the loss of rental income to owners. If however, in the event this application is disapproved or for any other reason for which owner is responsible the lease agreement in not consummated this deposit will be returned to applicant. A \$ \_\_\_\_\_ application fee has been paid by prospective resident. The application fee is not refundable under any circumstances. The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein. A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. I authorize verification of information and references given.

Deposit with Application \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Agent Signature \_\_\_\_\_ Applicants Signature \_\_\_\_\_



## Release of Credit and Criminal Information

This is to inform you that, as a part of our procedure for processing your Application for Occupancy or Employment, both a **CREDIT HISTORY REPORT** and a **CRIMINAL HISTORY REPORT** will be requested. *This is required of all prospective tenants or employees.*

This report will be requested only after certain standard criteria are satisfied and your application is deemed to be eligible for further consideration for occupancy and/or employment.

### PLEASE PRINT

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE and ZIP:** \_\_\_\_\_

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;

- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

## CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity,

with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>

4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

In connection with this request, I authorize all corporations, former employers, law enforcement agencies, city, state and federal courts, military services, credit reporting agencies and persons to release information they may have about me to the person or company with which this form has been filed, or their agent. I specifically authorize a Consumer Report(s) to be obtained on me. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby authorize  
(Resident/Applicant Name)

All persons or companies in the categories listed below to release without liability,

Information regarding employment, income, assets, and/or deductible expenses to

\_\_\_\_\_, for purposes of verifying  
(Property Name)

information on my/our apartment rental application.

*INFORMATION COVERED*

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

*GROUPS OR INDIVIDUALS THAT MAY BE ASKED*

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |                                  |  |
|----------------------------------|--|
| Past, Present & Future Employers | Veterans Administrations               |
| Landlords                        | State Unemployment Agencies            |
| Public Housing Agencies          | Banks and other Financial Institutions |
| Support and Alimony Providers    | The Social Security Administration     |
| Insurance Companies/Providers    | Pharmacies                             |
| Medical & Dental Providers       | Utility Companies                      |
| Welfare Agencies                 | Retirement Systems                     |
| Educational Institutions         | Child Care Providers                   |

*CONDITIONS*

I/We agree that a photocopy and or fax 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 fifteen months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date



# LANDLORD REFERENCE CHECK

DATE: \_\_\_\_\_  
COMPANY/NAME: \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
APPLICANT: \_\_\_\_\_

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I authorize \_\_\_\_\_, to inquire about my rental history. The inquiry may include, but is not limited to, the questions listed below.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

### TO BE COMPLETED BY LANDLORD:

Dates of residency: From \_\_\_\_\_ To \_\_\_\_\_ Total number of months \_\_\_\_\_

1. Did the resident pay their rent on time? \_\_\_\_\_  
If the resident was late on the rent, how late? \_\_\_\_\_  
How often? \_\_\_\_\_ Comments \_\_\_\_\_
2. How much rent was paid each month by this resident? \_\_\_\_\_
3. Did you receive a security deposit? \_\_\_\_\_  
How much of it was returned to the resident? \_\_\_\_\_
4. Did the resident, their guests, or their family damage the apartment or the property? \_\_\_\_\_  
Did they pay for the damages? \_\_\_\_\_ Amount of damages? \_\_\_\_\_
5. Were the police ever called as a result of a disturbance? \_\_\_\_\_ Date \_\_\_\_\_  
Comments \_\_\_\_\_
6. Were there problems with the neighbors? \_\_\_\_\_
7. Does the resident have pets or other potential problems that may be important for a landlord to know?  
\_\_\_\_\_
8. Did the resident violate the lease agreement in any way? \_\_\_\_\_  
Comments \_\_\_\_\_
9. Did the resident give you proper notice for vacating? \_\_\_\_\_  
If Yes, what is their anticipated move-out date? \_\_\_\_\_
10. Would you re-rent to this resident? \_\_\_\_\_
11. What previous address do your records indicate? \_\_\_\_\_
12. Does this resident receive rent subsidy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, is the subsidy Section 8 project based? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, What date does their subsidy end? \_\_\_\_\_

COMMENTS \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Company: \_\_\_\_\_

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.

Please return this form to:

