



RENTAL APPLICATION
Each applicant 18 years or older must submit an application

521 SE. Green Rd.,
Tecumseh, KS 66542
Phone: (785) 862-0011
Email: RentIt@BBServicesGroup.com

Address Applying For: _____ Date ___/___/_____

Anticipated Tenancy: _____ Date Required: ___/___/_____ Preferred Lease Term: 6 months 1 year

APPLICANT #1

APPLICANT #2 (Spouse)

Name: _____

Name: _____

Social Sec#: _____ - - _____ DOB ___/___/___

SS#: _____ - - _____ DOB ___/___/___

Home Phone: _____

Home _____

Cell Phone: _____

Cell: _____

Business Phone: _____

Bus: _____

Email: _____

Email: _____

Marital Status: S M D Maiden: _____

S M D Maiden: _____

Driver's License #: _____ State Issued: ___

DL#: _____ State Issued: ___

Present Address

Street: _____

City, State, Zip: _____

Dates (Mo/Yr): **From:** ___/___ **To:** ___/___ **\$/Mo** _____

From: ___/___ **To:** ___/___ **\$/Mo** _____

Owner/Mgr: _____

Mortgage Co/Acct#: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Bus:** _____

Phone: _____ **Bus:** _____

Cell: _____

Cell: _____

Previous Address

Street: _____

City, State, Zip: _____

Dates (Mo/Yr): **From:** ___/___ **To:** ___/___ **\$/Mo** _____

From: ___/___ **To:** ___/___ **\$/Mo** _____

Owner/Mgr: _____

Mortgage Co/Acct#: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Bus:** _____

Phone: _____ **Bus:** _____

Cell: _____

Cell: _____

APPLICANT #1

APPLICANT #2

Present Employer

Employer: _____

Position: _____

Street: _____

City, State, Zip: _____

Dates (Mo/Yr): **From:** ___/___/___ **To:** ___/___/___

Gross Mo Salary: \$ _____ per _____

Supv/Mgr/Hr: _____

Phone: _____ **Fax:** _____

From: ___/___/___ **To:** ___/___/___

\$ _____ per _____

Phone: _____ **Fax:** _____

Previous Employer

Employer: _____

Position: _____

Street: _____

City, State, Zip: _____

Dates (Mo/Yr): **From:** ___/___/___ **To:** ___/___/___

Gross Mo Salary: \$ _____ per _____

Supv/Mgr/Hr: _____

Phone: _____ **Fax:** _____

From: ___/___/___ **To:** ___/___/___

\$ _____ per _____

Phone: _____ **Fax:** _____

Other Income

of Dependents: _____

Mo Child Support: Recd \$ _____ Paid \$ _____

Other Income: _____

of Dependents: _____

Recd \$ _____ Paid \$ _____

(if provided, please include proof of this income)

Open Accounts:

Checking Bank: _____ # _____

Savings Bank: _____ # _____

Credit Ref 1: _____

Ref 1 Acct #: _____ Open Closed

Credit Ref 2: _____

Ref 2 Acct #: _____ Open Closed

Credit Ref 3: _____

Ref 3 Acct #: _____ Open Closed

_____ # _____

_____ # _____

_____ Open Closed

_____ Open Closed

_____ Open Closed

Personal References: (List 2)

Name: _____
Address: _____
Phone: _____

Vehicles

Type	Make	Model	Year	License Plate	State	
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Leased <input type="checkbox"/> Financed
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Leased <input type="checkbox"/> Financed
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Leased <input type="checkbox"/> Financed

Occupancy: List name, relationship and age of ALL PERSONS, OTHER THAN THE APPLICANTS, to be occupying the leased premises.

Name: _____ Relationship: _____ **Age: _____
Name: _____ Relationship: _____ **Age: _____
Name: _____ Relationship: _____ **Age: _____
Name: _____ Relationship: _____ **Age: _____
Name: _____ Relationship: _____ **Age: _____

** If 18 or over and/or not related, must have attached application(s)

Note: There may be NO changes in Tenants and/or Pets without prior written approval of landlord. (and may be subject to administrative charges)

Nearest Relative (not residing with you)

Name: _____ Phone: (____) ____ - ____
Address: _____ Relationship: _____

In case of EMERGENCY notify:

Name: _____ Phone: (____) ____ - ____
Address: _____ Relationship: _____

In case of serious illness or death of tenant, is above person authorized to enter premises and remove any or all of the contents? Yes No

Reason for leaving present address: _____

Have you ever been evicted, sued for non-payment of rent or damages, broken a rental agreement or lease contract, had property foreclosed or given deed in lieu of foreclosure? Yes No

If "Yes", please state the details of such occurrence: _____

Are you aware of any late payments, collections, liens, judgments, lawsuits or bankruptcy on your credit history?

Yes No

Have you ever been arrested, other than traffic violations? Yes No If yes, explain on back of page.

Have you ever filed bankruptcy? Yes No If yes, show Date Filed: ___/___/___

Do you or the other occupants SMOKE? Yes No If so, where? _____

Will you or the other occupants have a PET? Yes No Where kept? _____

Type & Breed	Name	Color	Weight	Age	Gender	Neutered?	Declawed?	Rabies Shots Current?
1. _____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

How were you referred to us? _____

CORRECT INFORMATION

The undersigned person(s) represent that all above statements are true and complete and hereby authorize verification of such information. False information given shall be grounds for Owner’s rejection and non-return of application fee(s), deposit(s), and termination of right of occupancy. Owner may use credit reporting services to obtain credit and background check regarding this application and you are notified that you are entitled to know the name and address of such reporting organization upon request including all other rights under the Fair Credit Reporting Act. All parties signing this application affirm they are not on US Government’s OFAC list of “Specifically Designated Nationals” and B&B Services Group has permission to check against the OFAC list to determine if any of the individuals are prohibited by federal law from participating in real estate transactions.

NON-REFUNDABLE APPLICATION FEE

A non-refundable application fee of \$35 per applicant will be paid to Landlord/Agent at the time the application is made.

This application is preliminary only and does not obligate Landlord or Landlord’s Agent to execute a lease.

Applicant #1 Signature: _____ Date: _____

Applicant #2 Signature: _____ Date: _____



521 SE. Green Rd.,
Tecumseh, KS 66542
Phone: (785) 862-0011
Email: RentIt@BBServicesGroup.com

AUTHORIZATION TO RELEASE INFORMATION

The landlord or landlord's agent who will verify information in the application is:

B&B Services Group
521 SE Green Rd.
Tecumseh, KS 66542
Phone: (785) 862-0011

By signing below I give my permission:

- (1) to my current and former employers to release any information about my employment history and income history to the above-named person;
- (2) to my current and former landlords to release information about my rental history to the above-named person;
- (3) to the above-named person to obtain a copy of my consumer report (credit report) from any consumer reporting agency and to obtain criminal background information about me.

Signature

Date

Print

____-____-____
SSN

Signature

Date

Print

____-____-____
SSN