

Wau Lin Cree Apartments
4335 NW Line Creek Dr.
Kansas City, MO 64151
(816) 436-1840

A non-refundable application fee of \$_____ is collected at the time the applicant submits the application for an apartment. This fee is non-refundable under any circumstances whether the applicant is approved or denied.

OFFICE USE ONLY:

Unit #: _____

Date of Occupancy: _____

Lease Term: 12 month

Rent \$: _____

Deposit \$: _____

APPLICATION FOR RESIDENCE

ALL LEASE HOLDERS MUST BE AT LEAST 20 YEARS OF AGE

A separate application must be completed by all persons over the age of 18 that will reside in the apartment

All deposits paid are non-refundable after 72 hours (3 days).

Applicant's Name: _____ Date of Birth: _____

Driver's License No.: _____ State: _____ SSN: _____

Applicant's Phone: (____) _____ Work Phone: (____) _____

Total Number of Occupants: _____ Adults (18+ years): _____ Children (17 and under): _____

Pets: **YES / NO**: Number: _____ Type of Pet(s): _____ Dog(s) Breed/Weight: _____

Current Address: _____

Landlord Name or Mortgage Holder: _____ Phone: (____) _____

Dates of Occupancy: _____ To _____ Monthly Rent/Payment \$: _____

Previous Address: _____

Landlord Name or Mortgage Holder: _____ Phone: (____) _____

Dates of Occupancy: _____ To _____ Monthly Rent/Payment \$: _____

Current Employer: _____ Position: _____

Employer's Address: _____ Phone: (____) _____

Monthly Income \$: _____ Supervisor: _____ Employed Since: _____

Previous Employer: _____ Position: _____

Employer's Address: _____ Employed From: _____ To _____

Have you ever: Been evicted for nonpayment of rent? **YES / NO** Been evicted for any other reason? **YES / NO**

Broken a Lease Agreement? **YES / NO**

If 'YES' to any of the above, please describe: _____

Do you have a pending bankruptcy? **YES / NO** If 'YES', When? _____ Where? (City, State): _____

Do you have any criminal convictions? **YES / NO** If 'YES', describe: _____

Do you have any pending criminal charges that may result in the conviction of a felonious, drug-related, violent, or sexual crime? **YES / NO** If 'YES' to any of the above, please describe: _____

Emergency Contact: _____ Relationship: _____

Phone: (____) _____ Address: _____

Were you referred by a Current Resident Referral: **YES / NO** If so, who: _____

Were you referred by a Former Resident Referral: **YES / NO** If so, who: _____

Have you previously lived at Wau Lin Cree Apartments: **YES / NO** If yes, When: _____

This application must be completed and signed by the Applicant. All adults who will occupy the apartment must each complete and sign separate applications. All applications for any one apartment must be completed and signed before being considered by Landlord. **In the event that Applicant cancels this application for any reason, Landlord will retain said deposit as a cancellation fee and/or liquated damages.** The acceptance of this application, and all monies deposited herewith, does not impose upon Landlord any obligation to provide Applicant with an apartment nor is it binding upon Landlord until approved by Landlord in writing, under a lease duly executed by both Landlord and Applicant.

By signing below, Applicant acknowledges and agrees that everything stated in this application is true and correct to the best of Applicant's knowledge. Applicant understands that Landlord will retain this application whether or not it is approved. Landlord is authorized to check Applicant's credit, employment, criminal, character, prior landlord references, general reputation, and mode of living, and to make ongoing inquiries regarding same. All persons and/or companies herein listed may freely give any requested information concerning Applicant and Applicant hereby waives all right of action of consequence resulting from such information. Applicant is an adult of legal age being 20 years or older and understands that Applicant has the right to make a written request to any reporting agency within a reasonable period of time to receive a complete and accurate disclosure of the nature and scope of any investigation requested by Landlord. **Applicant understands that falsifying any of the information contained on this form may be grounds for denial or immediate eviction from the premises and termination of the Lease Agreement by the Landlord should Applicant's application be accepted and Applicant be allowed to occupy the apartment.**

Applicant's Signature: _____

Printed Name: _____ Date: _____

