



SKYLINE apartments

2414 S. Glendale
Wichita, KS 67210
(316) 202-5004
manager.skylinerresidential@gmail.com



RENTAL APPLICATION

Dear applicant:

The information on this form is needed to determine if your household is eligible under Skyline Apartments Wichita, KS leasing criteria to reside at our community. Please complete this entire form and **leave no blanks**. Return in person, via mail, or scan and email at the contact information above.

How did you hear about our community: Drive By For Rent.com Current Resident _____

Apartments.com: _____ Housing List _____

HOUSEHOLD COMPOSITION

Relationship = Head of Household, Spouse, Occupant

	Full Name	DL or ID #	Relationship	Date of Birth	F/T=Full Time P/T=Part Time	Social Security Number/ Alien Registration Number	Receiving any source of income?
1			Head of Household		Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
2					Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
3					Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
4					Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
5					Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
6					Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No

Are any of the household members listed above foster children? Yes No If yes, who? _____

Are any of the household members listed above a live-in attendant? Yes No If yes, who? _____

Are any of the household members planning to attend school full time? Yes No If yes, who? _____

Do you have a good email address we can contact you at? Yes or No. If yes, provide email: _____

CURRENT RESIDENCE OF APPLICANT

Address _____ Apt. No. _____ City/State _____ Zip Code _____

Name of Landlord _____ Landlord Phone (____) _____ Current Phone # (____) _____

How long? ____ Years ____ Mos. Monthly Rent \$ _____

PREVIOUS ADDRESS (if Current Address is less than 2 years)

Address _____ Apt. No. _____ City/State _____ Zip Code _____

How long: ____ Years ____ Mos. Name of Landlord _____ Landlord Phone (____) _____

Monthly Rent \$ _____

CURRENT EMPLOYMENT INFORMATION

Applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City		State
					Zip Code
Date Hired	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> twice a month Salary \$ _____ <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____			# Of hours worked per week	Work Fax

Co-applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City		State
					Zip Code
Date Hired	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Twice a month Salary \$ _____ <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____			# Of hours worked per week	Work Fax

Occupant		Occupation		Work Phone	
Name and Street Address of Employer			City		State
					Zip Code
Date Hired	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Twice a month Salary \$ _____ <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____			# Of hours worked per week	Work Fax

Occupant		Occupation		Work Phone	
Name and Street Address of Employer			City		State
					Zip Code
Date Hired	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> twice a month Salary \$ _____ <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____			# Of hours worked per week	Work Fax

PREVIOUS EMPLOYMENT INFORMATION

Applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> twice a month Salary \$ _____ <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____			# Of hours worked per week	Work Fax

CO-APPLICANT PREVIOUS EMPLOYMENT INFORMATION

Co-Applicants name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> twice a month Salary \$ _____ <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____			# Of hours worked per week	Work Fax

OTHER SOURCES OF INCOME

Does anyone in your household over 18 years of age receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source Employment	Check one	Source Benefits/Pensions	Check one	Source Other	Check one
Second Job	<input type="radio"/> Yes <input type="radio"/> No	Workers Compensation	<input type="radio"/> Yes <input type="radio"/> No	Grants	<input type="radio"/> Yes <input type="radio"/> No
Bonuses	<input type="radio"/> Yes <input type="radio"/> No	Unemployment	<input type="radio"/> Yes <input type="radio"/> No	Scholarships	<input type="radio"/> Yes <input type="radio"/> No
Tips	<input type="radio"/> Yes <input type="radio"/> No	Alimony	<input type="radio"/> Yes <input type="radio"/> No	Recurring Gifts	<input type="radio"/> Yes <input type="radio"/> No
Commissions/fees	<input type="radio"/> Yes <input type="radio"/> No	Child Support	<input type="radio"/> Yes <input type="radio"/> No	AFDC/ TANF	<input type="radio"/> Yes <input type="radio"/> No
Overtime pay	<input type="radio"/> Yes <input type="radio"/> No	Social Security	<input type="radio"/> Yes <input type="radio"/> No	Other	<input type="radio"/> Yes <input type="radio"/> No

For each "Yes" marked above, please complete the following:

Household member name	Amount received	Source
	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Twice a month Salary \$ _____ <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Twice a month Salary \$ _____ <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Twice a month Salary \$ _____ <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	

HOUSEHOLD ASSETS

Does anyone in your household have any of the following types of assets with a value of \$5000 or over? Please mark "yes" or "no" for each type of asset.

Type of Asset	Check one	Type of Asset	Check one	Type of Asset	Check one
Checking Account	<input type="radio"/> Yes <input type="radio"/> No	IRA/Keogh Account*	<input type="radio"/> Yes <input type="radio"/> No	Revocable trust fund	<input type="radio"/> Yes <input type="radio"/> No
Savings Account	<input type="radio"/> Yes <input type="radio"/> No	Retirement/Pension Fund*	<input type="radio"/> Yes <input type="radio"/> No	Mortgage/Note Held	<input type="radio"/> Yes <input type="radio"/> No
Cash	<input type="radio"/> Yes <input type="radio"/> No	Mutual Funds/Stock*	<input type="radio"/> Yes <input type="radio"/> No	Life Insurance Policy*	<input type="radio"/> Yes <input type="radio"/> No
Certificate of Deposit*	<input type="radio"/> Yes <input type="radio"/> No	Real Estate/Land*	<input type="radio"/> Yes <input type="radio"/> No	Personal Property Held as an Investment	<input type="radio"/> Yes <input type="radio"/> No

For each "Yes" marked in "Household Assets", please complete the following:

Household member name	Type of asset	Cash value (see note)	\$ Asset will earn in the next 12 months

*NOTE: *When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor etc.? That's the amount you should list in the "cash value" column.*

Have you sold any real estate for less than it's worth within the last two years? (If sale due to foreclosure, bankruptcy, or divorce, answer no)
 Yes No if yes, please explain on back page

Have you or your spouse/roommate ever been evicted? Or have a judgement from another apartment community or any previous landlord a balance (money)? Yes No

Any non-compliance issues or notices from another apartment community or any previous or current landlord? Yes No

Declared Bankruptcy? Yes No

Do you use illegal drugs? Yes No

Do you engage, or have you engaged in the past, in the distribution or sale of illegal drugs? Yes No

Have you ever been convicted of a felony, misdemeanor or any crime related to harm caused to a person or property, including, but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity, and related violations? Yes No

Do you have any outstanding warrants for arrest currently or in the past? Yes No

Any Pest Control issues currently or from another apartment community or any previous/ current landlord or residency? Yes No

PLEASE CONTACT IN CASE OF EMERGENCY

Name: _____ Address _____

Home # (_____) _____ Work # (_____) _____

Note: Management is not responsible for damage to resident's property. Residents are strongly advised to obtain renters insurance to cover loss or damage to their property!

DEPOSIT TO HOLD AGREEMENT

In consideration of Skyline Apartments management holding the apartment for me, I agree to pay a non-refundable administrative holding fee of **\$150.00 & a non-refundable application fee of \$45.00 Per Adult \$65.00 Married Couples.**

Falsifying information on this application will deny my application.

X _____
(Applicant)

X _____
(Co-applicant)

Note: The holding fee is valid for 30 days after approval.

Apt. # _____ Unit Type: _____ Lease Term: _____ Monthly Rent: _____ Move in date _____

Special: _____

Applicant represents that all the above statements are true and complete, and hereby authorizes verification of above information, references, and credit reports. Applicant acknowledges that false information herein constitutes grounds for rejection of this application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in. Management reserves the right to verify application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit to Hold Agreement". This application is preliminary only and does not obligate owner or owner's representative to execute a lease or deliver possession of the proposed premises.

Application form must be read, filled out completely and signed by all household members 18 and older.

Applicant Date _____

Co-applicant Date _____

Co-applicant Date _____

MANAGEMENT Date _____

Before returning this form to the management office, be sure that you have marked "yes" or "no" for each source of income and each type of asset. Incomplete forms will delay processing and be returned.