



LAS CASAS, LLC
RENTAL APPLICATION

511 Delaware St. Suite B KC, MO 64105

ADDRESS: _____ RENT \$ _____ MOVE-IN DATE: _____

HOW DID YOU HEAR ABOUT US? (REQUIRED)

____ CRAIGSLIST ____ DRIVE BY/ WORD OF MOUTH ____ KC STAR
____ THRIFTY NICKLE ____ HOUSING (SECTION 8) ____ YARD SIGN

APPLICANT INFORMATION ____ SINGLE ____ MARRIED **PETS** ____ YES ____ NO
THERE WILL BE A \$300 DEPOSIT PER PET

Last Name _____ First _____ Middle _____

Maiden or Former Names _____

SSN (Social Security Number) _____ Date of Birth _____

Email Address _____ Cell Phone Number _____

Daytime Phone _____ Evening Phone _____

DRIVER'S LICENSE NUMBER _____

Roommates? ____ YES ____ NO

List Roommates/or Children	Age	Relationship
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SPOUSE/CO-APPLICANT Last Name _____ First _____ Middle _____

Maiden or Former Names _____ Cell Phone Number _____

SSN (Social Security Number) _____ Date of Birth _____

DRIVER LICENSE NUMBER _____

RESIDENTIAL INFORMATION- INCLUDE INFORMATION FOR THE LAST 5 YEARS.

PRESENT RENT OWN FAMILY DATES THERE _____ FROM TO _____ RENT \$ _____
STREET ADDRESS _____ APT _____
CITY _____ STATE _____ ZIP CODE _____
LANDLORDS NAME _____ PHONE _____

PRIOR RENT OWN FAMILY DATES THERE _____ FROM TO _____ RENTS \$ _____
STREET ADDRESS _____ APT _____
CITY _____ STATE _____ ZIP CODE _____
LANDLORDS NAME _____ PHONE _____

OTHER RENT OWN FAMILY DATES THERE _____ FROM TO _____ RENTS \$ _____

EMPLOYMENT AND INCOME INFORMATION

EMPLOYER _____ POSITION _____ GROSS INCOME \$ _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
SUPERVISOR NAME _____ PHONE _____ DATES THERE _____ TO _____ FROM _____

SPOUSE EMPLOYER _____ POSITION _____ GROSS INCOME \$ _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
SUPERVISOR NAME _____ PHONE _____ DATES THERE _____ TO _____ FROM _____

LAST NAME _____ FIRST _____ SSN _____

OTHER SOURCE OF INCOME (SSI-CHILD SUPPORT-GOV'T ASSIT-TIPS-COMMISSION)

SOURCE OF INCOME _____ MONTHLY \$ _____

ADDITIONAL INFORMATION

Have you ever willingly refuse to pay rent? YES NO If so why? _____

Have you ever been EVICTED? YES NO If so, to whom and why? _____

Have you ever been arrested or convicted of a crime YES NO If so, where, when and what was the charge? _____

EMERGENCY CONTACT

Character Reference _____	Relationship _____	Phone _____
Character Reference _____	Relationship _____	Phone _____
Character Reference _____	Relationship _____	Phone _____
Character Reference _____	Relationship _____	Phone _____

CREDIT REFERENCE

NAME OF INSTITUTION _____	TYPE OF ACCOUNT _____	ACCOUNT NUMBER _____	PHONE _____
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This application must be signed by all adults who will occupy the apartment before it can be considered by the landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant or credited towards any deposit, which may be required of applicant at the time the rental agreement is executed. **If approved and the rental unit is held for applicant for more than 3 days, then the applicant withdraws the application, all monies deposited shall be forfeited to Landlord. A non-refundable screening fee of \$_____ will be collected to process this application.** Applicant Initials _____

Application fee \$_____ Deposit \$_____ Amount Paid \$_____ Amount Still Owed \$_____

By signing, the applicant recognizes that an investigative report will be prepared whereby information is obtained from credit bureaus, landlord and employers, through interviews and public records. This inquiry includes information as to your character, general reputation, credit and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application.

APPLICANT'S SIGNATURE

DATE

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DATE