Application for Occupancy (Page 1)

Rockport Homes LLC

26440 W. 287th Street -- Paola KS 66071

Cell/Text 620-412-8874

rockporthomesllc@gmail.com

www.rockporthomesemporia.com

Property Information

Projected:

Property Name _____ Unit Number _____ Rent $ _____

Unit Type _____ Pet $ _____

Leasing Rep _____ Move-In Date _____ Garage $ _____

Applicant Information

☐ Single ☐ Married ☐ Separated

Last Name _____ First Name _____ Middle _____

Maiden or Former Names _____

SSN (Social Security Number) _____ Date of Birth _____

Email address _____ Cell Phone _____

DL State and # _____ Daytime Phone _____

Roommates ☐ Yes ☐ No Names of Roommates _____

_____

SPOUSE

Last Name _____ First Name _____ Middle _____

Maiden or Former Names _____

SSN (Social Security Number) _____ Date of Birth _____

Cell Phone _____ DL State and #: _____

Residential Information

Include information for the last **3 years.** Use second page if needed.

PRESENT ☐ Rent ☐ Own ☐ Family Dates There _____ - _____ Rent $ _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Apartment/Landlord Name _____ Phone _____

PRIOR ☐ Rent ☐ Own ☐ Family Dates There _____ - _____ Rent $ _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Apartment/Landlord Name _____ Phone _____

OTHER ☐ Rent ☐ Own ☐ Family Dates There _____ - _____ Rent $ _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Apartment/Landlord Name _____ Phone _____

Employment and Income Information

☐ AAA Verify (For office use only)

Employer _____ Position _____ Monthly Income $ _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Supervisor Name _____ Phone _____

SPOUSE Employer _____ Position _____ Monthly Income $

Address _____ City _____ State _____ Zip _____

Start Date _____ Supervisor Name _____ Phone _____

Application for Occupancy (Page 2)

Rockport Homes LLC

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Applicant Information (Please enter again in case Page 1 and Page 2 get separated)
Last Name _____ First Name _____ SSN _____

OTHER INCOME
Source of Income _____ Monthly Income $ _____
(Such as Child Support, Alimony, Social Security, etc.)

Additional Information
Have you ever willingly refused to pay rent? _____ If so, to whom & why? _____
Have you ever been evicted? _____ If so, to whom & why? _____
Have you ever been convicted of a crime? _____ If so, where, when and what
Was the charge? _____
Does anyone in household have a disability that may require a reasonable modification or accommodation?
☐ Yes ☐ No If yes, please explain: _____
Vehicle Make/ Model _____
License Plate # _____ Color _____
Vehicle Make/ Model _____
License Plate # _____ Color _____
☐ ☐ _____
_____
Emergency Contact _____ Relationship _____ Phone _____

Occupant Information List all occupants residing in the household

Last Name _____ First _____ Middle _____
SSN (Social Security Number) _____ Date of Birth _____
Last Name _____ First _____ Middle _____
SSN (Social Security Number) _____ Date of Birth _____
Last Name _____ First _____ Middle _____
SSN (Social Security Number) _____ Date of Birth _____
Last Name _____ First _____ Middle _____
SSN (Social Security Number) _____ Date of Birth _____

Failure to provide complete information, including daytime phone numbers for you and your references, will delay processing. **Incomplete applications will not be processed.**

Thank you for your interest in our apartments.
After completing this application please
Mail or Email to: rockporthomesllc@gmail.com

Rockport Homes LLC
26440 W. 287th Street
Paola KS 66071

By signing, the applicant recognizes that an investigative report will be prepared whereby information is obtained from credit bureaus, landlords 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.

EQUAL HOUSING OPPORTUNITY

_____ _____ _____ _____
Applicant's Signature Date Spouse's Signature Date