

Application for Occupancy

Westerfield North Townhouses, Inc. 822 N. Clinton Olathe, KS 66061 (913) 764-0661

Office use only

Please fill out completely ~ Please print clearly

Date Rec'd _____ Time Rec'd _____

Month/year you would like to take occupancy _____ **Unit Number _____ # of Bedrooms _____**

Head of Household's full name: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Marital Status: Single Married Separated Divorced Work phone: _____

Provide Email Address: _____ **(Do not leave blank)**

Copies of ALL social security cards and drivers' licenses are required to process this application.

Member's Name - including full middle name	Relationship to Head	Date of Birth	Citizen of US or legal immigrant?	Age	Sex	Social Security No.
	Head of Household					

Residential History (List present and LAST two landlords /mortgage companies)

1. Present Landlord/Property Name: _____
 Your address: _____ Apt. # _____
 City, State, Zip: _____ Rent Amt: \$ _____
 Landlord Phone: (____) _____ Dates Rented/From: _____ To: _____
2. Previous Landlord/Property Name: _____
 Your address: _____ Apt. # _____
 City, State, Zip: _____ Rent Amt: \$ _____
 Landlord Phone: (____) _____ Dates Rented/From: _____ To: _____
3. Previous Landlord/Property Name: _____
 Your address: _____ Apt. # _____
 City, State, Zip: _____ Rent Amt: \$ _____
 Landlord Phone: (____) _____ Dates Rented/From: _____ To: _____

Current Employment History on all family members over 18 years old. Please use back if necessary.

1. Head of Household Employment:

Name of Employer: _____ Position: _____

Full Address w/zip: _____

Phone: _____ Annual Income: \$ _____ From: _____ To: _____

2. Spouse's Employment:

Name of Employer: _____ Position: _____

Full Address with zip: _____

Phone: _____ Annual Income: \$ _____ From: _____ To: _____

3 Name of family member: _____

Name of Employer: _____ Position: _____

Full Address with zip: _____

Phone: _____ Annual Income: \$ _____ From: _____ To: _____

4 Name of family member: _____

Name of Employer: _____ Position: _____

Full Address with zip: _____

Phone: _____ Annual Income: \$ _____ From: _____ To: _____

5 Name of family member: _____

Name of Employer: _____ Position: _____

Full Address with zip: _____

Phone: _____ Annual Income: \$ _____ From: _____ To: _____

General Questionnaire (Do not leave blank)

1. Has anyone in your household ever been evicted: Yes No If yes, who? _____

If yes, Property/Landlord Name: _____ City/State: _____

2. Has anyone in your household ever been convicted of a criminal offense? Yes No

If yes, Who: _____ Offense: _____ City/State: _____

3. If you are seeking housing due to displacement by government action or a presidentially declared disaster, when and where did this occur? _____

Drivers' license information for all family members

1 Name of family member: _____

Driver's License # _____ State: _____

2 Name of family member: _____

Driver's License # _____ State: _____

3 Name of family member: _____

Driver's License # _____ State: _____

Pets Do NOT leave this section blank. Your application will not be considered if left blank.

Do you own any pets? Yes No

Type of pet(s) _____

Size of Dogs Height at shoulder _____ Weight _____

Height at shoulder _____ Weight _____

No exotic pets allowed (snakes, rabbits, monkeys, farm-type animals, etc.)

Vehicles

	Make	Model	Year	Color	Tag Number
Vehicle 1					
Vehicle 2					
Vehicle 3					
Vehicle 4					

Emergency Contact Information (Must provide one contact)

Name: _____ Phone Number: _____

Address: _____

Does anyone in your household receive or anticipate receiving any of these types of income? If yes, please list which household member and how much income *is anticipated in the next twelve months* based on CURRENT circumstances.

Income source A:

Yes No Wages, salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services. Please list below the full amount **annually** before deductions.

Income source B:

Yes No Net income from operation of a business or profession. Depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations.

Income source C:

Yes No Interest, dividends, and other net income of any kind from real or personal property. Depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations.

Income source D:

Yes No The full amount of periodic amounts received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount, except deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts. (e.g., Black Lung Sick benefits, Veterans Disability, Dependent Indemnity Compensation payments to the widow of a serviceman killed in action)

Income source E:

Yes No Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay, except lump sum additions to family assets, such as inheritances, insurance payments, capital gains, settlement for personal property or losses.

Income source F:

Yes No Welfare assistance received by any member of the family.

Income source G:

Yes No Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.

Income source H:

Yes No All regular pay, special pay, and allowances of a member of the Armed Forces, except the special pay to a family member serving in the Armed Forces who is exposed to hostile fire.

Please fill this section out based on your answers above.

_____	\$ _____	_____	_____
Household Member	Annual income	Source Code	Specify Source
_____	\$ _____	_____	_____
Household Member	Annual income	Source Code	Specify Source
_____	\$ _____	_____	_____
Household Member	Annual income	Source Code	Specify Source
_____	\$ _____	_____	_____
Household Member	Annual income	Source Code	Specify Source

Does anyone in your household own or anticipate owning in the next twelve months any of these assets?

Asset Type A:

Yes No Cash held in savings and checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average balance for the last six months. Assets held in foreign countries are considered assets.

Asset Type B:

Yes No Revocable trusts. Include the cash value of any revocable trust available to the family.

Asset Type C:

Yes No Interest, dividends, and other net income of any kind from real or personal property. Depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations.

Asset Type D:

Yes No Equity in rental property or other capital investments.

Asset Type E:

Yes No Stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts. Interest or dividends earned are counted as income from assets even when the earnings are reinvested.

Asset Type F:

Yes No Individual retirement, 401K, and Keogh accounts.

Asset Type G:

Yes No Retirement and pension funds.

Asset Type H:

Yes No Life insurance policies available before death (a whole life policy or a universal life policy)

Asset Type I:

Yes No Lump-sum receipts or one-time receipts. (eg. capital gains, one-time lottery winnings, victim's restitution, settlements on insurance claims (including health and accident insurance, worker's compensation, and personal or property losses), and any other amounts that are not intended as periodic payments.

Asset Type J:

Yes No A mortgage or deed of trust held by an applicant.

Please specify annual income gained from the asset:

_____	\$ _____	_____	_____
Household Member	Annual income	Type Code	Specify Source
_____	\$ _____	_____	_____
Household Member	Annual income	Type Code	Specify Source
_____	\$ _____	_____	_____
Household Member	Annual income	Type Code	Specify Source

FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION OR TERMINATION OF OCCUPANCY AGREEMENT

This application must be signed by all adults who will occupy the townhouse before it can be considered. I understand that the above information is required to determine my eligibility for residency.

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements about the information in this form is grounds for rejection of my application or termination of my Occupancy Agreement.

I authorize Westerfield North Townhouses, Inc. to verify the above information and consent to the release of the necessary information to determine my eligibility.

_____	Date	_____	Date
Head of household signature		Adult member over 18	
_____	Date	_____	Date
Spouse Signature		Adult member over 18	
_____	Date	_____	Date
Adult member over 18		Adult member over 18	
_____	Date	_____	Date
Adult member over 18		Adult member over 18	

