

WARNER RENTALS

Application Information

1. Please fill out application completely. There is to be **one application per adult**. Spouses, please see note below. Please include the following on your application:

- Which property you are applying for
- When you're looking to move in
- A good telephone number where you can be reached

Additionally, be sure to sign each page that requires it. We cannot process applications without signatures.

SPOUSE NOTE: If you are applying with a spouse, we require a Consumer Notification and Release AND National Tenant Network Service Request form per person. Please find an extra set within the application packet.

2. Please return your completed application, along with a **\$25 application fee per adult**, to our office:

Warner Law Offices, P.A.
THE QUARTERS
310 W. Central, #110
Wichita, KS 67202

3. Once the fully completed application and \$25 fee have been received, the application will be processed. This takes 1-2 business days. We run a credit report and background check, as well as a reference check if needed.

4. Once the application has been reviewed and approved, you will be contacted to set up an appointment to move in. This will be the day you sign your lease, complete your initial walk-through, and pay your deposit, first month's rent, and pet deposit if applicable.

5. If you have any questions regarding the application, you can contact Alexis by calling the office: (316) 269-2500; or email her: Alexis@warnerlawoffices.com.

WARNER RENTALS

310 W. Central, Suite 110
Wichita, KS 67202
(316) 269-2500

Date of Application: _____ Move-In Date: _____

Address Applying For: _____ Day Phone #: _____

Email Address: _____

PERSONAL:

Name: _____ Spouse: _____

Last First MI Last First MI

SSN: _____ SSN: _____

Date of Birth: _____ Date of Birth: _____

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

Current Address: _____ City/State: _____ How Long: _____

Current Landlord: _____ Phone No.: _____ Rent: _____

Reason for Leaving: _____ Are you Living with a Relative?: _____

List all additional persons, besides yourself, who will be occupying the unit (include children):

NAME	RELATIONSHIP TO TENANT	AGE
------	------------------------	-----

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have pets: _____ How Many: _____ Breed/s & Weights: _____

No. of Autos: _____ Cycles: _____ RVs: _____ Trailers: _____ Boats: _____

Personal Auto: Make: _____ Model: _____ Tag No: _____

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Are you the registered owner: _____ If not, who is: _____

Have you ever been evicted: _____ When: _____ From where: _____

EMPLOYMENT:

Company: _____ Spouse: _____

Address: _____ Address: _____

Phone No: _____ Phone No: _____

How Long: _____ Salary: _____ How Long: _____ Salary: _____

Previous Employment, if not on job two years:

REFERENCES:

Bank: _____ Type of account: _____ How long: _____

Bank: _____ Type of account: _____ How long: _____

Personal Reference (Not a Relative): _____

Address: _____ Phone No: _____

Name of Nearest Relative: _____

Address: _____ Phone No: _____

Emergency Notification: _____

Address: _____ Phone No: _____

BACKGROUND INFORMATION:

Please list any other last names used in the last five years (i.e. married, maiden, alias):

Name: _____ Date: _____ Name: _____ Date: _____

Do you have any court judgment or suits pending against you: _____ If so, what: _____

Have you ever been convicted of a felony: _____ If so, when and where: _____

Describe the conviction: _____

AGREEMENT:

I agree that, as applicant, I will occupy the premises applied for; that I authorize the investigation of the above statements and realize that any false answers will result in rejection of eligibility for occupancy. I further agree that landlord has the right to retain deposit if my application is withdrawn or if I fail to exercise my right to move in if approved, to cover loss of rent from move-in date to re-renting property, leasing fee, cost of processing, investigation, credit checks, and any other expenses which have incurred due to my withdrawal of application. I also understand that my application fee will not be refunded should my application be denied or should I otherwise choose not to lease the property.

Applicant

Date

Consumer
Notification and Release

The purpose of this form is to notify you that a consumer report will be run on you in the course of consideration of your application with:

Please Print or Type Neatly

LAST NAME

FIRST NAME

MIDDLE NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

LIST ANY OTHER NAMES USED IN THE LAST 10 YEARS

PRESENT ADDRESS (STREET NUMBER)

(CITY)

(STATE)

(ZIP CODE)

PREVIOUS ADDRESS (STREET NUMBER)

(CITY)

(STATE)

(ZIP CODE)

In connection with this request, I authorize all corporations, employers, former employers, law enforcement agencies, city, state, and federal courts, military services, credit reporting agencies and persons to release information they may have about me to the person or company with which this form has been filed, or their agent. I specifically authorize a Consumer Report(s) to be obtained on me. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

APPLICANT'S SIGNATURE

DATE

National Tenant Network - Service Request

NTN • P.O. BOX 783214 • WICHITA • KANSAS • 67278
(316) 682-2255 (FAX) • (316) 686-3000 (VOICE)

PLEASE PRINT LEGIBLY. VERIFY ALL INFORMATION. ONE APPLICANT PER FORM.

SUBSCRIBER #: KS 346

SUBSCRIBER NAME: THOMAS M WARNER JR

DATE: _____ REQUESTOR'S NAME: _____

REQUEST (Check):

Retail Credit Tenant Background Wichita Warrants KDOC Parole/Probation
 Employer Verification Landlord Verification Combo A Combo B Combo C

OTHER REQUEST(S): _____

APPLICANT ID: _____

NAME: _____
(Only ONE Applicant Per Form Please) (Last Name, First Name MI)

SS#: ____/____/____ DOB: ____/____/____ D/L.# _____
(Number & State)

ADDRESS: _____
(Street City State Zip)

FORMER ADDRESS: _____
(Street City State Zip)

COMPLETE THE FOLLOWING ONLY FOR FULL SERVICE REPORTING

PRESENT LANDLORD: _____
(Name & Phone Number)

FORMER LANDLORD: _____
(Name & Phone Number)

EMPLOYER: _____
(Name, City, State & Phone)

PRESENT JOB: _____
(Title/Position) (Time on the Job) (Gross Monthly Income)

OTHER INFORMATION: _____

WARNING: The information contained herein is intended for the exclusive use of the inquirer based upon his/her representation that the inquiry is for a legitimate permissible purpose as defined in the Fair Credit Reporting Act, Freedom of Information Act, Fair Housing Act, Landlords and Tenants Act or other applicable laws or regulations governing such information. All information will be obtained from sources believed to be reliable, but the accuracy of which is not absolutely guaranteed. The inquirer agrees to indemnify and hold harmless National Tenant Network, and ISC, their agents, assigns, subsidiaries and heirs from any damages arising out of any improper use of this information, and it is furnished in reliance on that indemnity. The inquirer agrees to hold all information contained herein in strict confidence, and not to reveal it to anyone, including the subject of the report except as required by federal or state law.

Consumer
Notification and Release

The purpose of this form is to notify you that a consumer report will be run on you in the course of consideration of your application with:

Please Print or Type Neatly

LAST NAME FIRST NAME MIDDLE NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH

LIST ANY OTHER NAMES USED IN THE LAST 10 YEARS

PRESENT ADDRESS (STREET NUMBER) (CITY) (STATE) (ZIP CODE)

PREVIOUS ADDRESS (STREET NUMBER) (CITY) (STATE) (ZIP CODE)

In connection with this request, I authorize all corporations, employers, former employers, law enforcement agencies, city, state, and federal courts, military services, credit reporting agencies and persons to release information they may have about me to the person or company with which this form has been filed, or their agent. I specifically authorize a Consumer Report(s) to be obtained on me. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

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APPLICANT ID: _____

NAME: _____
(Only ONE Applicant Per Form Please) (Last Name, First Name MI)

SS #: ____/____/____ DOB: ____/____/____ D/L #: _____
(Number & State)

ADDRESS: _____
(Street City State Zip)

FORMER ADDRESS: _____
(Street City State Zip)

COMPLETE THE FOLLOWING ONLY FOR FULL SERVICE REPORTING

PRESENT LANDLORD: _____
(Name & Phone Number)

FORMER LANDLORD: _____
(Name & Phone Number)

EMPLOYER: _____
(Name, City, State & Phone)

PRESENT JOB: _____
(Title/Position) (Time on the Job) (Gross Monthly Income)

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NTNREQ.PM4

COMPLETE & MAIL TO:
NTN - WICHITA
P.O. BOX 783214
WICHITA, KANSAS 67278
(316) 686-3000

NATIONAL TENANT NETWORK

MOVE-IN FORM I

Please Print Clearly:
TENANT NAME(S):

LAST

FIRST

MIDDLE INIT

LAST

FIRST

MIDDLE INIT

APARTMENT APPLIED FOR:

STREET ADDRESS

CITY/STATE/ZIP

TO SPEED SERVICE PLEASE OBTAIN:

_____ SOCIAL SECURITY #	_____ SOCIAL SECURITY #
_____ DRIVER'S LICENSE # STATE	_____ DRIVER'S LICENSE # STATE

MOVE IN DATE: _____
Month/Day/Year

RENT AMOUNT: \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY. IF I RENT THE UNIT, I UNDERSTAND THAT THE INFORMATION CONTAINED ON THIS FORM AND RENTAL AGREEMENT MAY BE MAINTAINED IN A TENANT DATABASE FOR UP TO SIX (6) YEARS AFTER I VACATE THE PREMISES.
TENANT SIGNATURE(S): _____

CURRENT ADDRESS:

Street Address

City/State/Zip

Street Address

City/State/Zip

Manager's Signature

Access # KS 346 Date _____ NTNFORM1.PM4