



# BENCHMARK KC

REDEFINING THE STANDARD

7500 Blue Ridge Boulevard  
Raytown, MO 64138  
(816) 737-8888

DATE RECEIVED: \_\_\_\_\_

## RENTAL APPLICATION

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

ADDRESS YOU ARE APPLYING FOR: \_\_\_\_\_ MOVE IN DATE: \_\_\_\_\_

Please complete this application with all applicable details. If you are accepted as a tenant, this application will become part of the lease. If more than one tenant (other than minor children) will be occupying a home, each must complete a separate application. By signing below, you represent that the information provided is true and complete, *you authorize lessor to contact third parties to verify the information given.* Incomplete applications will be denied. If a space provided is too small, continue your answer on a separate sheet of paper and attach it to this application. If Applicant cancels after 3 days, and/or if Applicant provides false or misleading information, Holding Deposit will be forfeited. AGENT: \_\_\_\_\_

**PLEASE FILL OUT EVERY BOX!**

|   |                          |  |  |                           |
|---|--------------------------|--|--|---------------------------|
| <b>Full Name (First, <u>Middle</u>, Last):</b>                                  |                          | <b>Maiden:</b>   | <b>__ Male __ Female</b>                 | <b>D.O.B.</b>             |
| <b>Social Security No.:</b>   |                          | <b>Driver's License No.:</b>   |  | <b>D/L Issuing State:</b> |
| <b>__ Single __ Married __ Separated</b> _____<br>How long? _____               |                          |  | <b>Divorced</b> _____<br>How long? _____ |                           |
| <b>Home Phone:</b>  |                          |  | <b>Cell Phone:</b>                       |                           |
| <b>Email Address:</b>   |                          |  |  |                           |
| <b>LIST ALL PEOPLE WHO WILL RESIDE IN THE UNIT IN ADDITION TO THE APPLICANT</b> |                          |  |  |                           |
| <b>Names</b>  | <b>Gender</b>            | <b>D.O.B.</b>  | <b>Relationship to Applicant</b>         |                           |
|   | <b>__ Male __ Female</b> |  |  |                           |
|   | <b>__ Male __ Female</b> |  |  |                           |
|   | <b>__ Male __ Female</b> |  |  |                           |
| <b>Name &amp; address of Applicant's Employer:</b>                              |                          | <b>Work phone number:</b>  |  |                           |
| <b>Supervisor:</b>  |                          | <b>Fax number:</b>   |  |                           |
| <b>Position:</b>  | <b>Salary/Wages:</b>     | <b>Payroll frequency:</b>  | <b>How long employed:</b>                |                           |
| <b>If current position is under a year, list prior position:</b>                | <b>Salary/Wages-</b>     | <b>Payroll Frequency</b>   | <b>How long employed</b>                 |                           |
| <b>Present residence address:</b>   |                          | <input type="checkbox"/> Rent <input type="checkbox"/> Own Current Monthly Payment: _____<br>If you own, who holds mortgage: _____<br>If you are living w/ family and friends state name and amount you pay: _____ |  |                           |
| <b>How long at present residence:</b>   |                          | <b>If currently renting, name &amp; phone number of landlord:</b>  |  |                           |
| _____   |                          | _____  |  |                           |
| <b>Have you paid rent late in the last 12 months?</b>                           |                          | <b>Do you have a current balance at your current landlord?</b> _____   |  |                           |
| ____ YES ____ NO  |                          | <b>If so how much?</b> _____   |  |                           |
| <b>How many times have you paid rent late?</b>                                  |                          | <b>Have you given your landlord notice?</b> _____  |  |                           |
| _____   |                          | _____  |  |                           |

If currently renting, name, address (include city, state & zip), phone number & fax of landlord and/or management :

1. Name:
2. Address:
3. Phone #:

In this block list all other residence addresses to EQUAL 3 years of Rental History, along with the name, address and phone number of each landlord if you rented.

|    | <u>Landlord Name</u> | <u>Previous Address</u> | <u>Phone #</u> | <u>How Long?</u> |
|----|----------------------|-------------------------|----------------|------------------|
| 1. | _____                | _____                   | _____          | _____            |
| 2. | _____                | _____                   | _____          | _____            |
| 3. | _____                | _____                   | _____          | _____            |

State the name(s), address and telephone number of your parent(s) or guardian(s) or emergency contact and how you are related. This should be someone who would know on a permanent basis how to contact you:

|    | <u>Name</u> | <u>Address</u> | <u>Phone #</u> |
|----|-------------|----------------|----------------|
| 1. | _____       | _____          | _____          |
| 2. | _____       | _____          | _____          |

Please describe your pet(s); breed, weight, color, markings, description, age and name:

Have you ever broken or currently breaking a lease agreement by moving before it expired?  Yes  No If yes, provide details:

Have you ever been or are you currently being EVICTED from any type of housing or sued for any reason by a former landlord?  Yes  No If Yes, provide details:

Have you ever been or currently on Section 8?

Have you ever been arrested, charged, convicted, pled guilty or placed on probation for any crimes or violations of city ordinances (other than non-substance-related traffic offenses)?  Yes  No If Yes, list below the date, type of offense, court and city or county in which charged, disposition of case, and any comments you deem relevant.

How many vehicles would you keep at the leased premises? \_\_\_\_\_ For each vehicle, state the year, model, manufacturer, license plate number, and state of licensure. Also indicate if any vehicle has body damage, defective paint or leaking fluids.

**Your Bank Information**

Bank Name, City, State, Zip

Branch

Type of account

1. \_\_\_\_\_  
2. \_\_\_\_\_

Are you currently in the process of or have you EVER:

Filed Bankruptcy? \_\_\_\_\_

Been Forclosed? \_\_\_\_\_

Do you smoke tobacco (cigarettes, cigars, pipes, etc.)? \_\_ Yes \_\_ No. If Yes, do you smoke tobacco inside your present residence?

I recognize that as part of your procedure for processing my application, an investigative consumer report may be prepared wherein information is obtained through personal interviews with my neighbors, friends, and others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I also understand and authorize **Benchmark KC, LLC** and/or any agent of choosing to obtain a police report. By signing here, I specifically authorize the lessor to obtain a credit check on me through a credit reporting agency and affirm that all preceding information is true and accurate, to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPLICATION IS** \_\_\_\_\_ Approved \_\_\_\_\_ Conditional Approved \_\_\_\_\_ Not Approved

Explanation: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Applicant notified by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Leasing Agent(s): \_\_\_\_\_ Fee/Split: \_\_\_\_\_

Conditions Explained  Utility Confirmations Explained  Monies Due Explained  Next Step Finished