

**ROYAL GARDEN APARTMENTS**  
**3164B N 61<sup>ST</sup> STREET**  
**Phone Office (913)334-4942 Fax (913)334-6690**  
A Hughes Development Corporation/Universal Management Inc. managed property

**RENTAL APPLICATION**

(PLEASE CLEARLY PRINT ALL INFORMATION)

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

Resident Referral? (provide name) \_\_\_\_\_ Ad/Sign \_\_\_\_\_ Drive by \_\_\_\_\_ Other \_\_\_\_\_

**A. APPLICANT**

Name \_\_\_\_\_ Social Security# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you ever used any other name(s)? Yes \_\_\_ No \_\_\_ If so, indicate: \_\_\_\_\_.

Current Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_.

Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_.

**B. PRESENT ADDRESS/ RENTAL HISTORY**

Why are you moving? \_\_\_\_\_ Current household size (# of persons) \_\_\_\_\_.

Do you currently: Own \_\_\_ Rent \_\_\_ Live with Friend or Relative \_\_\_\_\_ Current landlord name \_\_\_\_\_

\_\_\_\_\_. Address \_\_\_\_\_ Phone # \_\_\_\_\_

How long at this address: from \_\_\_\_\_ to \_\_\_\_\_. Are you related to the landlord? \_\_\_\_\_.

Current rent \$ \_\_\_\_\_ Utilities paid and monthly cost: Gas \$ \_\_\_\_\_ Electricity \$ \_\_\_\_\_.

No. of bedrooms needed: \_\_\_\_\_ Are you being evicted: yes \_\_\_ no \_\_\_ Have you ever been evicted: yes \_\_\_ no. \_\_\_\_.

PREVIOUS ADDRESS: \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_.

PREVIOUS LANDLORD: (name) \_\_\_\_\_ Address \_\_\_\_\_.

ARE YOU CURRENTLY LIVING IN A GOVERNMENT SUBSIDIZED RENTAL UNIT? Yes \_\_\_\_\_ No. \_\_\_\_\_.

HAVE YOU EVER APPLIED FOR, OR PREVIOUSLY LIVED IN, A GOVERNMENT SUBSIDIZED UNIT?  
Yes \_\_\_\_\_ No. \_\_\_\_\_.

HAVE YOU APPLIED/ LIVED HERE BEFORE? Yes \_\_\_\_\_ No. \_\_\_\_\_ IF SO WHEN \_\_\_\_\_.

HAVE YOU APPLIED/ LIVED AT ANOTHER UMI/HDC COMPLEX/ Yes \_\_\_\_\_ No. \_\_\_\_\_ IF SO WHERE \_\_\_\_\_.

HAVE YOU BEEN EVICTED IN THE PAST 5 YEARS? Yes \_\_\_ No. \_\_\_ IF SO WHEN \_\_\_\_\_.

WHERE \_\_\_\_\_ PAID \$ \_\_\_\_\_.



**C. VEHICLE**

Do you own a car? Yes \_\_\_ No. \_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_.

LICENSE PLATE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_.

**D. PERSON TO CONTACT IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City & State \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship \_\_\_\_\_.

**E. DISPLACEMENT STATUS AND SPECIAL NEEDS**

ARE YOU BEING DISPLACED BY GOVERNMENT OR PRIVATE ACTION? \_\_\_\_\_ IF YES EXPLAIN:

\_\_\_\_\_.

DO YOU NEED A HANDICAPPED UNIT? \_\_\_\_\_.

**F. FAMILY OR HOUSEHOLD COMPOSITION:**

**LIST HEAD OF HOUSEHOLD AND ALL OTHER MEMBERS AND THEIR RELATIONSHIP TO HEAD**

Member No.	FULL NAME	Relationship	Date of Birth	Age	Social Security #	Full Time Student	Citizenship Status
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____

IS THE HEAD OR ANY CO-HEAD OF THE HOUSEHOLD A Full time Student \_\_\_\_\_ Part time Student \_\_\_\_\_ ANTICIPATING , BECOMING A Full time Student \_\_\_\_\_ or Part time Student \_\_\_\_\_.

**ARE YOU THE HEAD OR ANY CO-HEADS :**

- 1. Receiving assistance under TANF or job training assistance under JTPA? Yes \_\_\_\_\_ No. \_\_\_\_\_
- 2. Married filing a joint return or Yes \_\_\_\_\_ No. \_\_\_\_\_
- 3. Single parent and the children are not dependents of another individual. Yes \_\_\_\_\_ No. \_\_\_\_\_

DO ABOVE FAMILY MEMBERS LIVE IN THE HOUSEHOLD FULL TIME? Yes \_\_\_\_\_ No. \_\_\_\_\_ If no,

list who does not: \_\_\_\_\_



**G.INCOME SOURCES** (for all persons over 18 tears of age)

PROVIDE INCOME SOURCES INCLUDING BUT NOT LIMITED TO ALL EMPLOYMENT, PENSIONS, SOCIAL SECURITY/SSI PAYMENTS, DISABILITY, CHILD SUPPORT RECEIVED, ARMED FORCES, SELF EMPLOYMENT, ANNUITIES, REGULAR CASH CONTRIBUTIONS FROM OTHER PEOPLE NOT LIVING WITH YOU.

#	TYPE/ SOURCE OF INCOME	ADDRESS (IF APPLICABLE)	PHONE#	CONTACT PERSON	GROSS MONTHLY AMT

NUMBER OF YEARS AT CURRENT EMPLOYMENT: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
\_\_\_\_\_. IF LESS THAN 2 YEARS, GIVE PREVIOUS EMPLOYER'S NAME:  
\_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

HAVE YOU FILED FOR BANKRUPTSY? YES \_\_\_ NO \_\_\_ WHEN \_\_\_\_\_

ARE YOU ELIGIBLE TO RECEIVE CHILD SUPPORT? YES \_\_\_ NO \_\_\_ MONTHLY AMOUNT \$ \_\_\_\_\_

DO YOU CURRENTLY RECEIVE CHILD SUPPORT? YES \_\_\_ NO \_\_\_ MONTHLY AMOUNT \$ \_\_\_\_\_

IF NO, HAVE YOU FILED WITH THE COURT OR OTHER AGENCIES FOR COLLECTION OF SUPPORT? YES \_\_\_ NO \_\_\_

DO YOU RECEIVE CASH PAYMENTS FROM OTHER PARENT NOT UNDER COURT ORDER? YES \_\_\_ NO \_\_\_.

IF YES, WHAT IS THE AVERAGE AMOUNT RECEIVED PER MONTH \$ \_\_\_\_\_.

**H.ASSETS** (please provide details for the following)

CHECKING ACCOUNT # \_\_\_\_\_ BANK NAME \_\_\_\_\_ AVERAGE BALANCE \$ \_\_\_\_\_

SAVINGS ACCOUNT # \_\_\_\_\_ BANK NAME \_\_\_\_\_ AVERAGE BALANCE \$ \_\_\_\_\_

OTHER ACCOUNT # \_\_\_\_\_ BANK NAME \_\_\_\_\_

INVESTMENT ACCOUNT (401K), IRA, STOCKS:  
\_\_\_\_\_

MONEY MARKET ACCOUNT (NAME OF INSTITUTION) \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

CERTIFICATES OF DEPOSIT (NAME OF INSTITUTION) \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

DO YOU OWN PERSONAL OR RENTAL PROPERTY? YES \_\_\_ NO \_\_\_ ADDRESS \_\_\_\_\_

Provide estimated Market value less unpaid balance= Cash Value \$ \_\_\_\_\_ Are you selling? Yes \_\_\_ No \_\_\_

HAVE YOU RECEIVED ANY LUMP SUM RECEIPTS (INHERITANCES, LOTTERY WINNINGS, INSURANCE SETTLEMENTS OR OTHER CLAIMS? \_\_\_\_\_ WHEN \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_



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DO YOU RECEIVE REGULAR OR PERIODIC PAYMENTS FROM PERSONS NOT LIVING IN THE UNIT, TRUST ANNUITY, INSURANCE POLICIES OR OTHER CLAIMS? \_\_\_\_ When \_\_\_\_\_ Amount \$ \_\_\_\_\_.

HAVE YOU SOLD, GIVEN AWAY OR OTHERWISE TRANSFERRED OWNERSHIP OF ASSETS WITHIN THE LAST TWO (2) YEARS? IF YES, LIST: \_\_\_\_\_.

**I. BACKGROUND INFORMATION**

Please answer the following questions with a YES or NO answer. You may provide an explanation for any or all of your answers by attaching it to this application.

1. Have you ever been convicted of a felony? \_\_\_\_\_
2. Do you currently have an outstanding felony charge that has not yet been settled in a Court of Law? \_\_\_\_\_.
3. Have you been asked to leave an apartment community for disturbances, problems with guest, or illegal activity? \_\_\_\_\_
4. Have you ever filed Bankruptcy? \_\_\_\_\_
5. Do you understand this apartment complex is governed by specific rules of HUD and or the State of Kansas? The regulations may affect your ability to qualify for our housing. Are you prepared to have Your household income certified and verified by a third party? \_\_\_\_\_.
6. Are you prepared to have your household income certified annually if you become a resident? \_\_\_\_\_.

**J. CONSENT AND CERTIFICATION**

I/We authorize the Management Agent for the property to verify information in this application. I/We further understand that a full disclosure of the relevant facts may be made to the Management Company as to my/our character, general reputation, income, credit, and previous rental history, as well as obtaining information from public records regarding civil and criminal matters. This application may be rejected as the results of any information received, insufficient or my/our misrepresentation of the information provided.

Acceptance of this application and any deposits is not binding upon this property until this application is approved in writing.

I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property. By my signature, I/We state that all of the above information is TRUE and CORRECT and I HAVE NOT MADE ANY FALSE STATEMENTS.

**SIGNATURE OF ALL PARTIES TO THIS APPLIACTION, 18 YEARS OR OLDER:**

Applicant Signature (HEAD) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Security Deposit	\$ _____	Requested Move-In Date:	_____
Pet Deposit	\$ _____	Unit size needed:	_____
Total Deposit Required	\$ _____	Proposed Occupants: Adults	_____
		Children	_____

Deposit Paid \$ \_\_\_\_\_  
Deposit Still Needed \$ \_\_\_\_\_

Application Approved \_\_\_\_\_ Application Rejected \_\_\_\_\_

Property Manager Signature: \_\_\_\_\_

Initial \_\_\_\_\_

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