





Welcome Future Resident!!

Please take the time to read over the entirety of this application, as there is a lot of useful information in the following pages.

In order for us to process your application, the following items are necessary:

-  Completed Application
-  Copy of your current Drivers' License or Photo ID
-  Copy of two (2) most recent pay stubs or previous year's tax returns for self employed individuals.(or an offer letter, if you are moving to the area)
-  \$30.00 Application Fee (money order only)
-  \$200.00 Initial Application Deposit (\$50 is non-refundable) (money order only)

EACH CO-RESIDENT AND EACH OCCUPANT 18 YEARS OF AGE OR OLDER ARE REQUIRED TO SUBMIT A SEPARATE APPLICATION. LEGAL SPOUSES MAY SUBMIT A JOINT APPLICATION.

Application Fee & Security Deposit must be in the form of 2 separate money orders or cashier's checks.

We thank you for choosing MeadowWalk as your future home.



MeadowWalk Apartments
925 W. Skyline Rd
Arkansas Citv. KS 67005

Rental Criteria

We are an equal opportunity housing provider. We fully comply with the Federal Fair Housing Act. We do not discriminate against any person because of race, color, religion, sex, handicap, family status, or national origin. We also comply with all state and local fair housing laws. All applications will be reviewed in the following areas:

MINIMUM AGE:

Applicant(s) must be at least 18 years of age. Any minor who will occupy the apartment on a regular basis must be listed on the application and must be under the direct supervision of the adult applicant(s).

CREDIT:

Applicant(s) credit status will be checked through the appropriate credit bureau. If no credit record can be obtained, we may phone the credit references that you have supplied on the application.

RESIDENT RENTAL HISTORY:

A minimum of six (6) months rental history is required during prior two (2) years. We must be able to verify residency for the last twelve (12) months. Past housing references must be positive. Any balance due to your prior landlord(s) must be paid before approval. Negative rental history will be considered on a case-by-case basis.

EMPLOYMENT/INCOME:

Applicant(s) must have current employment or job offer that meets the income criteria. All employment used to meet the income criteria will be verified, including salary amount, start date and current paycheck stub. Applicant(s) must have been continuously employed a minimum of three (3) months prior to the application date. Self-employed applicant(s) must provide copies of tax returns, which will be used to verify income. Full amounts of social security and disability income can be used to qualify. Other sources of income may be used as well. Monthly income must meet the minimum requirements as set forth by each property. Applicant(s) income must be a gross amount of no less than three (3) times the rental rate.

VEHICLE CONDITION:

All resident use vehicles must be listed on the application and must adhere to the property's vehicle policy.

CO-SIGNER POLICY:

Co-signers are only accepted for full time students or those who have graduated within the last year, military, or retired over fifty-five (55) individuals. All co-signers must complete an application in addition to completing the move-in documentation, (Co-signer Agreement).

NUMBER OF OCCUPANTS:

Maximum occupants are as follows... $\frac{1BR}{2}$ $\frac{2BR}{4}$ $\frac{3BR}{6}$

CRIMINAL:

To qualify you must not have any indictments, convictions or be charged with a felony for the sale or distribution of a controlled substance, violent crimes, or burglary or theft. All other indictments, convictions and charges will be reviewed on a case-by-case basis.

APPLICATION PROCESS:

We evaluate every apartment application in the following manner. You must submit a rental application with all questions answered on the form, pay the nonrefundable application fee of \$30.00 in the form of a money order, and provide a copy of identification (Valid Driver's License or Photo State ID). We will determine whether, from your responses to the questions on your application if you qualify for the apartment for which you are applying. If you do not your application will be rejected and your holding deposit minus your application fee will be reimbursed to you within 30 days. If you do, we will submit your application for screening at which time we will check your credit report and criminal history. We will then verify employment and rental references to confirm they meet our rental criteria; this process takes one (1) to two (2) business days. We will rent available apartments to applicants in the order that their application is approved. If we are unable to verify any information necessary of an application or of an application is deficient in any of the categories outlined. The entire application may be rejected. **PLEASE TAKE YOUR TIME AND COMPLETE YOUR APPLICATION THOROUGHLY TO INSURE TIMELY PROCESSING. A PRIVACY NOTICE IS AVAILABLE UPON REQUEST.**

EACH CO-RESIDENT AND EACH OCCUPANT 18 YEARS OF AGE OR OLDER IS REQUIRED TO SUBMIT A SEPARATE APPLICATION. LEGAL SPOUSES MAY SUBMIT A JOINT APPLICATION.

THE CRITERIA IS SUBJECT TO CHANGE AT ANY TIME AT THE DESCRETION OF MANAGEMENT SOLUTIONS INC.

Signature of Primary Applicant

Signature of Management Solutions Inc. Representative

Signature of Secondary Applicant

Date

Management Solutions, Inc.
Qualification Statement

We qualify based on the following standards:

1. Provide acceptable documentation of employment (i.e. 2 most recent pay stubs or tax forms showing income of self employed)
2. Total combined gross income must meet or exceed three (3) times your monthly rent.
3. Observe our current occupancy standards of no more than 2 persons per bedroom.
4. All lease holders and occupants 18 years of age or older must have qualifying police reports.
5. Observe our published Community Policies.

Deposit requirements are based on the following standards:

1. Bankruptcy discharged between 1 and 3 years past.
2. No repossessions.
3. No non-tax judgments or liens
4. No unpaid non-medical.
5. Average non-medical.
6. No credit history but satisfactory residential history of 1 or more years.

Security Deposit Equal to one (1) month's rent:

1. Bankruptcy less than 1 year ago.
2. Total unpaid non-medical / non-tax judgment or liens between \$500.00 and \$1500.00.
3. Any repossession.
4. No credit history with less than one (1) year rental history.

Rejection:

- 1 Any eviction.
- 2 Total unpaid non-medical / non-tax judgment of over \$1500.00.

I have read the above stated qualifications; I understand and agree to the standards by which my application will be processed.

Signature of Primary Applicant

Signature of Management Solutions Inc. Representative

Signature of Secondary Applicant

Date



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 Arkansas Citv. KS 67005

RENTAL APPLICATION

Unit Type/Style / Unit Address

(Each co-resident must submit separate application)

Applicants Full Name:			Date of Birth:	Social Security No.:	E-mail Address:	
Single:	Married	Widowed	Separated	From Whom:	Divorced	From Whom:
Spouses Name:			Date of Birth:	Social Security No.:	Spouse Contact Phone:	
Other Occupants Name:			Date of Birth:	Age:	Relationship:	
Other Occupants Name:			Date of Birth:	Age:	Relationship:	
Other Occupants Name:			Date of Birth:	Age:	Relationship:	
Pet:	Type:	Size/Weight:	Spayed / Neutered			
RESIDENTIAL HISTORY (please use a separate sheet of paper if necessary)						
Present Address:			City, State, Zip:	Current Contact Phone No.:		
Apartment Community / Mortgage Holder:			Address:	City, State, Zip:		
Contact No.:	Move in Date:	Move Out Date:	Monthly Payment:	Reason for Moving:		
Previous Address:			City, State, Zip:			
Apartment Community / Mortgage Holder:			Address:	City, State, Zip:		
Contact No.:	Move in Date:	Move Out Date:	Monthly Payment:	Reason for Moving:		
Have you or your Co-applicant ever been threatened with an eviction from any leases premises? <input type="checkbox"/> Yes or <input type="checkbox"/> No						
If yes, Please explain:						
EMPLOYMENT HISTORY (please complete all information fields)						
Present Employer:				Position:		
Business Address:		City, Sate & Zip		Phone:		
Gross Annual Income:			Employed From:	Employed To:	Supervisor:	
Previous Employer:				Position:		
Business Address:		City, Sate & Zip		Phone:		
Gross Annual Income:			Employed From:	Employed To:	Supervisor:	
Spouses Employer:				Position:		
Business Address:		City, State & Zip		Phone:		
Gross Annual Income:			Employed From:	Employed To:	Supervisor:	
CREDIT REFERENCES						



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(please complete all information fields)		
Bank Institution:	Branch Location:	Check all that apply please: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Mortgage Company (if applicable):	Address:	City State & Zip
Auto Loan Company:	Credit Card Company Name:	Credit Card Company Name:
Have you declared bankruptcy? <input type="checkbox"/> Yes or <input type="checkbox"/> No	If yes, please give date of discharge:	

PERSONAL REFERENCES (please complete all information fields)		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

EMERGENCY CONTACT INFORMATION (please complete all information fields)		
Name:	Address:	Relationship:
Home Phone:	Cell Phone:	Work Phone:

VEHICLE INFORMATION (please complete all information fields)			
Year:	Make / Model	Color	License Plate No.
Registered to:	Address: (if other than applicant)		Phone No. (if other than applicant)
Year:	Make / Model	Color	License Plate No.
Registered to:	Address (if other than applicant)		Phone No. (if other than applicant)

If Guarantor Application, Relationship to Resident? _____

Have you ever been convicted of a crime other than a minor traffic offense? Yes or No (If yes, please explain) _____

How did you hear about us? (if resident referral, please give name of resident) _____

The management relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentation, inaccurate information or failure to supply the data requested above may serve as a rejection of your application. By signing the application, you are authorizing the use of credit reporting/screening agencies to verify credit, and validate accuracy of all information recorded above. Further, your signature authorizes the management and the credit reporting/screening agencies to later exchange credit information and access your credit report in the event of default of the lease agreement for collection or skip tracing purposes.

I / We hereby deposit with owner/agent the sum of \$ 300.00 as a security deposit and \$ 35.00 as a non-refundable application processing fee, on the premises listed below. I / We understand that the security deposit will be retained by the management if this application is approved and I am unable to fulfill the conditions of occupancy I / We acknowledge that the landlord will suffer damages as a result of processing of this application and holding a specified unit off the market. I / We understand that the deposit will be returned within 30 days if this application is not approved, providing all of the above questions are answered correctly and truthfully.

Primary Applicant Signature: _____ Secondary Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY PLEASE		
Driver License No. / State	Spouses Driver License No. / State	Application Consultant:
Address:		Rental Amount \$
Projected Occupancy Date:	Lease Date From:	Lease Date To:
Unit Type:	Special Comments:	
Approved By:	Approved Date:	Approved Deposit:
Declined By:	Declined Date:	Declined Reason:



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APPLICATION INFORMATION RELEASE CONSENT

I, _____ and _____, hereby
(Primary Applicant - Print Full Name) (Co-Applicant - Print Full Name)

consent to and authorize the landlord and/or any representative of Management Solutions, Inc., to obtain, verify and exchange information on any reports concerning me as are maintained by but not limited to: City, County, State, Federal Law Enforcement Agencies, Credit Reporting Agencies, present and or past employers, including but not limited to present and or past salary verification, present and/or past residencies. I / We understand that any information obtained may be considered by the landlord and/or Management Solutions, Inc., in accordance with the established screening criteria as a factor in decisions they make with respect to the property to which I am applying.

I / We hereby certify that I have read and reviewed the information contained in this application for the lease is accurate, full and complete. Any discrepancy or lack of information will result in immediate rejection of this application. I / We understand that this is an application and does not constitute a lease agreement in whole or part.

Primary Applicant Signature:

Co-Applicant Signature:

Date:

Date:

Primary Applicant Present Address:

Co-Applicant Present Address:

Primary Applicant:

Co-Applicant:

Date of Birth: _____

Date of Birth: _____

Social Security No: _____

Social Security No: _____