

K-Nor Property Management, L.P.

K-Nor L.L.C, Broker

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APPLICATION INSTRUCTIONS

Applicant will not be accepted if:

- Applicant does not have a social security or TIN number.
- Applicant has ever been evicted or have a rent related charge against their credit
- Applicant has been convicted of a felony

Bad credit is not necessarily automatic rejection - it is up to the individual property owner

Renters Insurance is required for all New Approved Renters.

Application fee: \$45 NON REFUNDABLE (money order or VENMO @k-nor-propertymanagement) per applicant, the application will not be processed until the fee has been paid. **This applies to all occupants over the age of 18**

Deposit:

The property remains on the market until a deposit (money order) is received. Once we receive a deposit, the property is taken off the market and the lease must be signed within two weeks. **If your application is declined, your deposit will be refunded, however, if you change your mind, it will not.** The money order will be deposited into our bank account on the day it is received.

Rent:

- On the day the lease is signed, the first full month's rent plus the security deposit and pet deposit, if any, are to be paid
- Partial month pro-ration is due on the first day of the second month.
- Leases are for 12 months. There will be an up-charge for month-to-month or short-term leases depending on property owner's requirements.
- Renters insurance is required. We have an arrangement with State Farm Insurance to allow monthly payments during your tenancy or you may arrange for your own insurance.

Approval:

Approval is based on criminal history, credit history, current income and rental history. The owner of the property has final approval of prospective tenants

Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income and rental history. If you do not meet the selection criteria, or if you provide inaccurate or incomplete information, your application maybe rejected, and your application fee will not be refunded."

Signature of applicant(s)

Date

Our Privacy policy is available upon request

RENTAL APPLICATION

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Each applicant over 18 years of age must submit a separate application. A legally married couple may submit a joint application. **Please print clearly.**

ABOUT YOU: Full name <u>exactly</u> as it appears on drivers license or government ID:						
Last Name:		First Name:		Middle Name:		
Address as it appears on drivers license or ID: ADDRESS:			CITY/ST/ZIP:			
Drivers license # and ST:			Cell:			
Former last names (maiden and married):			Email Address:			
Social Security #:						
Birth date: (mm/dd/yyyy)		Sex:	Height:	Weight:	Eye color:	Hair color:
Marital Status: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED						

YOUR SPOUSE: Full name <u>exactly</u> as it appears on drivers license or government ID:						
Last Name:		First Name:		Middle Name:		
Address as it appears on drivers license or ID: ADDRESS:			CITY/ST/ZIP:			
Drivers license # and ST:			Cell:			
Former last names (maiden and married):			Email Address:			
Social Security #:						
Birth date: (mm/dd/yyyy)		Sex:	Height:	Weight:	Eye color:	Hair color:

CURRENT ADDRESS:	
Address (where you now live): _____	
City/ST/Zip: _____	
Home phone #:(_____) _____	Current monthly rent/mortgage: \$ _____
Name of apartment: _____	
Name of manager/owner: _____	Email: _____
Their phone #: (_____) _____	Date moved in: _____
Why are you leaving your current residence? _____	

PREVIOUS ADDRESS:

Your previous home address: _____

City/ST/Zip: _____

Name of Apartment: _____

Name of Manager/Owner: _____ Email: _____

Their phone #: (_____) _____ Previous monthly rent/mortgage: \$ _____

Date you moved in: _____ Date your moved out: _____

EMPLOYMENT:

Present employer: _____

Address: _____

City/ST/Zip: _____

Work phone #: (_____) _____

Position: _____

Gross monthly income: \$ _____ Date you started: _____

Supervisor's name and phone number: _____

PREVIOUS EMPLOYMENT:

Previous employer: _____

Address: _____

City/ST/Zip: _____

Work phone #: (_____) _____

Position: _____

Gross monthly income: \$ _____ Date you started: _____

Supervisor's name and phone number: _____

SPOUSE'S EMPLOYMENT:

Present employer: _____

Address: _____

City/ST/Zip: _____

Work phone #: (_____) _____

Position: _____

Gross monthly income: \$ _____ Date you started: _____

Supervisor's name and phone number: _____

RENTAL/CRIMINAL HISTORY: Have you, your spouse or any occupant ever:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | been evicted or asked to move out? |
| <input type="checkbox"/> | <input type="checkbox"/> | broken a rental or lease agreement? |
| <input type="checkbox"/> | <input type="checkbox"/> | been sued for nonpayment of rent? |
| <input type="checkbox"/> | <input type="checkbox"/> | been convicted or received deferred adjudication for a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | been arrested for a felony which has not been adjudicated by dismissal, acquittal or conviction? |
| <input type="checkbox"/> | <input type="checkbox"/> | declared bankruptcy? |

Please indicate year, location and charge of any felony. Indicate year and location of any eviction:

Do you or any occupant smoke? Yes _____ **No** _____

ALL OTHER OCCUPANTS: Names of all persons adults/children who will occupy the unit.

Name: _____	Relationship: _____
Sex: _____ Birth date: _____	Social Security #: _____ DL/ID #: _____
Name: _____	Relationship: _____
Sex: _____ Birth date: _____	Social Security #: _____ DL/ID #: _____
Name: _____	Relationship: _____
Sex: _____ Birth date: _____	Social Security #: _____ DL/ID #: _____
Name: _____	Relationship: _____
Sex: _____ Birth date: _____	Social Security #: _____ DL/ID #: _____
Name: _____	Relationship: _____
Sex: _____ Birth date: _____	Social Security #: _____ DL/ID #: _____

VEHICLES: List all vehicles to be parked by you, your spouse, or any occupant: including cars, trucks, motorcycles, trailers, etc.

Make of vehicle: _____	Model: _____
Year: _____ Color: _____	License #: _____ State: _____
Make of vehicle: _____	Model: _____
Year: _____ Color: _____	License #: _____ State: _____
Make of vehicle: _____	Model: _____
Year: _____ Color: _____	License #: _____ State: _____

OTHER INFORMATION:

Will you or any occupant have a pet? Yes No

Type, weight, breed, age, gender, color and name of each pet:

As your pet ever bitten or injured any person? Yes ___ No ___

Are your pets up to date on Shots? Yes ___ No ___

Are your pets Neutered? Yes ___ No ___

EMERGENCY CONTACT: Emergency contact person over 18 who will not be living with you:

Name: _____ Email: _____

Address: _____ City/ST/Zip: _____

Work phone #: (_____) _____ Home phone #: (_____) _____

Relationship: _____

If you are seriously ill, missing, in jail or penitentiary, according to an affidavit of the above person, or if you die, you authorize (check one or more): the above person; your spouse; your parent; your child to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, you authorize any of the above at our option. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We are not legally obligated to do so.

How were you referred? _____

All of the statements are true and complete.

I authorize DataTrace to obtain a copy of my credit report from any consumer credit reporting agency.

I give permission to my current and former employers to release any information about my employment and income.

I give permission to my current and former leaseholders to release any information about my rental history.

Applicant's signature

Date

Spouse's signature

Date

FOR OFFICE USE ONLY

Property address: _____

Unit# _____

Anticipated move in date: _____ Monthly rent: \$ _____

Security deposit: \$ _____