PLAZA WEST APARTMENTS, LLC

Office: 3105 Lundin Drive, Apt. No. 3

Manhattan, Kansas 66503

Phone: 785–539–2649 Fax: 785–565–0043

Email: plazawestapts@att.net www.plazawestapts.com

APPLICATION FOR TENANCY

Type/size of unit wanted:				
Applicants full name:				
Phone: Email:				
Present Address:				
How long have you lived at present address?			: \$:	
			е	
Reason for Moving:				
Former Address:				
Former Landlord:				
How long did you live at former address? Have you ever been evicted?				
Employed by: How Long?				
Employers Address: Phone:				
Your Position: Monthly Income:				
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	processors and the control of the co			
Date you would be ready to move into the unit you a				
Name of Persons to Occupy Ur	nit	Relationship	Age	
1				
2				
3				
Do You Have Any Pets?				
Automobile:/Year:	/Color:	/Tag No:	/State:	
Automobile:/Year:	/Color:	/Tag No:	/State:	
Driver's License Number:		State:		
In Case of Personal Emergency, Notify:		Relations	Relationship:	
Address: Phone:				
Employment of Co-Resident:				
Monthly Household Income: Do you Own Furniture?				
REFERENCES: Your Bank:				
Branch: Checking Acct. No.:				
Credit Reference:				
2				
3				
Personal Reference:				
2Phone:			***	
3				
I hereby make application and certify that the above Applicant's Signature:				
information is correct.		· ·		
I authorize you to contact any references				
that I have listed.	Date:_	Date:		

Plaza West Apartments Mark and Trasenda Lundin

Managers

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TENANT REFERRAL FORM

DATE:			
TO:	PHONE:	FAX:	
TENANT NAME(S):			
CURRENT RENTAL ADDRESS:			
MOVE IN DATE:		D. D. Maria and a	
CURRENT RENT AMOUNT:		F 3 DAY NOTICES	
30 DAY NOTICE ENDS:	TO PAY RENT OR QUIT:		
NUMBER OF TIMES LATE:	TENANT EV —	VICTED?	
NUMBER OF NSF CHECKS:	RE-RENT T –	O THIS TENANT?	
GENERAL COMMENTS:			
DON".	T FORGET TO SIGN BELOW	<u>V!</u>	
APPLICANT	PROPE	RTY REPRESENTATIVE	
PRINTED NAME:	PRINTED NAM	ИЕ:	
SIGNATURE:	SIGNATURE:		
DATE:	DATE:		