



NORTHSTAR
PROPERTY MANAGEMENT

101 N. CLIFTON
WICHITA, KANSAS 67208

TEL 316-689-8577
FAX 316-689-0337
www.northstarproperty.net

APPLICATION TO LEASE

Please complete this application giving all pertinent details. Any misrepresentation or omission of facts can be the basis for disapproval of this application.

Applicants Name _____ Current Phone Number _____

Property Address _____ Move in Date

Term of Lease _____ Rent \$ _____ Deposit \$ _____ Pet Dep. \$ _____ App. Fee _____

Leasing Agent _____

Do you have a pet? Yes _____ No _____ If yes, please list breed, height and weight _____

Have you ever broken a lease or been evicted? Yes _____ No _____ If yes, please explain _____

Notes: _____

**DEPOSIT & FIRST MONTH'S RENT
MUST BE PAID WITH CASHIER'S
CHECK OR MONEY ORDER.
PAYMENTS MUST BE SEPARATE.
NO PERSONAL CHECKS ACCEPTED**

Ratio: _____

Receipt of _____ as security deposit is hereby acknowledged. If application is not approved, this deposit will be returned to applicant. If landlord is unable to fulfill this lease agreement, the deposit will be returned to applicant. After approval, if applicant withdraws and refuses to enter into this lease, deposit will be retained by landlord to cover costs and rent loss.

Applicant authorizes credit and security checks and release of such information, as necessary, for approval of this application.

Application will not be processed without security deposit and non-refundable application fee.

Photocopy of Driver's License Required

THIS APPLICATION IS RECEIVED WITHOUT RESPECT TO RACE, CREED, COLOR OR NATIONAL ORIGIN.

DATE _____ APPLICANT'S SIGNATURE _____





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PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
			MONTH DAY YEAR		
LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
				MONTH DAY YEAR	

List other occupants and relationship to above (Spouse, son, daughter, cousin, friend, etc.)

ADDRESS DATA

PRESENT MAILING ADDRESS	CITY AND STATE	ZIP CODE	AREA CODE	YOUR PHONE	
		()	()		
APARTMENT NAME OR LANDLORD NAME	RENT AMOUNT	OCCUPIED APT. NO.	FROM	TO	LANDLORD PHONE
			MONTH YEAR	MONTH YEAR	()
PREVIOUS ADDRESS	RENTAL RATE	CITY AND STATE	ZIP CODE	LANDLORD NAME	LANDLORD PHONE
			()		()

EMPLOYMENT RECORD

EMPLOYER'S NAME	YOUR POSITION	SUPERVISOR	STATE PERIOD WORKED AND APPROXIMATE MONTHLY INCOME
EMPLOYER'S ADDRESS	COMPANY PHONE	YOUR EXTENSION	FROM MO. YR. TO MO. YR.
PREVIOUS EMPLOYER NAME AND ADDRESS	COMPANY PHONE	YOUR POSITION	INCOME
SPOUSE'S EMPLOYER NAME AND ADDRESS	COMPANY PHONE	SPOUSE'S POSITION	INCOME

OTHER SOURCES OF INCOME

BANK RECORD

BANK NAME	BRANCH	CITY	STATE	ACCOUNT NUMBER	TYPE ACCT

CREDIT RECORD

CREDIT REFERENCE AND LOCATION OR CREDIT CARD *	ACCOUNT NUMBER	OPEN/CLOSED	AREA CODE	PHONE
			()	
			()	
			()	

If other than credit card

AUTO REPORT

MAKE OF AUTO	YEAR	LICENSE PLATE NUMBER	STATE	DRIVER'S LICENSE	STATE	How many Autos will you keep here?

EMERGENCY DATA

IN CASE OF EMERGENCY, CONTACT - NAME AND ADDRESS (LIST 2)	RELATIONSHIP	AREA CODE	PHONE
		()	
		()	

APPLICANT AUTHORIZES CREDIT AND SECURITY CHECKS AND RELEASE OF SUCH INFORMATION AS NECESSARY FOR APPROVAL OF THIS APPLICATION.

DATE _____ APPLICANT'S SIGNATURE _____