



Work phone:	Fax:	Email:
Income \$ _____ Hourly \$ _____ Salary	Income: \$ _____ Weekly _____ Bi-Weekly Monthly	
<b>Previous employer:</b>	Supervisor Name:	From _____ to _____
Employer address:		
City:	State:	Zip:
Company Phone:		Supervisor Phone:
Job Title:		
Income \$ _____ Hourly \$ _____ Salary	Income: \$ _____ Weekly _____ Bi-Weekly Monthly	
<b>Emergency Contact</b>		
<b>Contact No. 1 –</b>		
Name of a person not residing with you:		
Address:	City:	State: Zip:
Relationship:	Home Phone:	Cell Phone:
<b>Contact No. 2 –</b>		
Name of a person not residing with you:		
Address:	City:	State: Zip:
Relationship:	Home Phone:	Cell Phone:
<b>Contact No. 3 –</b>		
Name of a person not residing with you:		
Address:	City:	State: Zip:
Relationship:	Home Phone:	Cell Phone:
<b>Bank Information</b>		
Checking Bank Name:	Acct#	Phone:
Savings Bank Name:	Acct#	Phone:
<b>Rental Credit History</b>		
Have you ever filed bankruptcy? Yes/No		
Have you ever been evicted or moved prior to an eviction from a rental residence? Yes/No <i>(A yes answer may not necessarily eliminate you from acceptance of this rental.)</i> If yes, please explain: _____		
In your current residence, have you had two or more late rental payments in the past year? Yes/No		
If yes, please explain: _____		
Have you ever willfully or intentionally refused to pay rent when due? Yes/No		

**Auto**

<b>Make and Model:</b>	<b>Year:</b>	<b>Color:</b>	<b>License Plate:</b>
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Owned or Financed (circle one) If financed Name of Company:

Amount: \$	Monthly Payment: \$	Balance: \$
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<b>Make and Model:</b>	<b>Year:</b>	<b>Color:</b>	<b>License Plate:</b>
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Owned or Financed (circle one) If financed Name of Company:

Amount: \$	Monthly Payment: \$	Balance: \$
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**Credit**

List below loan or installment obligations now owing or recently paid (If none, state "none") If more space is needed, please continue on separate sheet. This information is necessary to determine your ability to pay rent and is verified. Bad credit does not necessarily eliminate you from renting this unit. Please speak with property manager for details.

Company Name (List All)	Address	Acct. No:	Monthly Payment	Phone
			\$	
			\$	
			\$	
			\$	

**References (not related to you – includes acquaintances, neighbors, former property managers, etc.)**

Name:	Address:	How long known?	Phone:

**\*PLEASE READ COMPLETELY AND UNDERSTAND PRIOR TO SIGNING\***

I hereby apply to lease the above-described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of the month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true and that I will be ready to move in and will pay the first month's rent on the date agreed upon via a written lease agreement; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time and effort in processing my application.

I hereby deposit (circle one) **1 person: \$35.00 / 2 people \$45.00 / 3 people \$50.00** as the application fee and will deposit \$\_\_\_\_\_ as the earnest money deposit. When so approved and accepted, I agree to execute a lease for 12 months before possession is given and to pay the balance of the security deposit and/or last month's rent (if applicable) prior to the move in date if no other written payment arrangements have been made. If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance which the owner or agent may reject. **This does not contradict the above paragraph regarding misrepresentation of facts or false statement of facts.** I recognize that as part of your procedure for processing my application, and an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. **I understand that when I give this deposit if I change my mind about moving into this property my deposit will be forfeited in full as damages.**

I authorize the verification of the information provided on this form as to my credit and employment. I agree to pay **\$35 / \$45 / \$50** for the processing of this application and hereby grant permission to run my credit report, background and check all references including prior residences and employment listed above. I understand that this fee is non-refundable. I am authorized and capable to sign this application and agreement and am not relying on any prior oral or written representations of the property owner or property owner agent.

Signature of applicant:	Date:
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# Makeda Group, Inc.

P.O. Box 280134  
Kansas City, MO 64128-0134  
Tel: (816) 444-3363  
Fax: (816) 444-3363

## EMPLOYMENT VERIFICATION AND RELEASE FORM

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I certify that all statements made on the rental application about my current and/or previous work history and/or military histories are true to the best of my knowledge. I hereby authorize Makeda Group, Inc. (or its authorized representatives) to contact my current and/or past employers and references to obtain information about me before, during or after my tenancy. I agree to supply additional information as required. I understand that if any statements and/or information are found to be false or misleading, such falsification may be cause for disqualification or termination of lease.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2010

Applicant's signature: \_\_\_\_\_

### **PROSPECTIVE TENANT: PLEASE DO NOT WRITE BELOW THIS LINE**

**TO THE EMPLOYER:** Please verify the following information regarding the applicant listed above. He/She has applied for or, is a tenant with Makeda Group, Inc. We would appreciate your completion of the following requests for information about the applicant regarding the period when the applicant worked for or with you.

Name of Applicant: \_\_\_\_\_ SSN (if different): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Position Title of Applicant: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ to \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ ( \_\_hourly\_\_monthly\_\_yearly) Hours worked per week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Your relationship to Applicant during employment  
(i.e., supervisor, co-worker, etc.): \_\_\_\_\_

Would you rehire? \_\_\_ Yes \_\_\_ No \_\_\_ N/A If no, why not? \_\_\_\_\_

Comments: \_\_\_\_\_

Your Current Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Dated: \_\_\_\_\_, 2010

Print Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# Makeda Group, Inc.

P.O. Box 280134

Kansas City, MO 64128-0134

Tel: (816) 444-3363 - Fax: (816) 444-3363

## RESIDENCY VERIFICATION AND RELEASE FORM

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I certify that all statements made on the rental application about my current and/or previous tenancy are true to the best of my knowledge. I hereby authorize Makeda Group, Inc. (or its authorized representatives) to contact my current and/or past property managers and references to obtain information about me before, during or after my tenancy. I agree to supply additional information as required. I understand that if any statements and/or information are found to be false or misleading, such falsification may be cause for disqualification or termination of lease.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2010

Applicant's signature: \_\_\_\_\_

### **PROSPECTIVE TENANT: PLEASE DO NOT WRITE BELOW THIS LINE**

**TO THE LANDLORD:** Please verify the following information regarding the applicant listed above. He/She has applied for or, is a tenant with Makeda Group, Inc. We would appreciate your completion of the following requests for information about the applicant regarding the period when the applicant rented, leased or lived with you.

Name of Applicant: \_\_\_\_\_ SSN (if different): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Dates of tenancy: From: \_\_\_\_\_ to \_\_\_\_\_ Number of delinquent payments per year: \_\_\_\_\_

Rate of Rent or Lease: \$ \_\_\_\_\_ per month ( \_\_\_ lease \_\_\_ month-to-month \_\_\_ yearly)

Was there property damage? \_\_\_ Yes \_\_\_ No If yes, please describe briefly: \_\_\_\_\_

Reason for Leaving: \_\_\_ Eviction \_\_\_ Other: \_\_\_\_\_

Would you rent to tenant again? \_\_\_ Yes \_\_\_ No \_\_\_ N/A Why or why not? \_\_\_\_\_

Comments: \_\_\_\_\_

Your Name and Title: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Dated: \_\_\_\_\_, 2010 Signature: \_\_\_\_\_

*Thanks for your time and attention to this matter. Please return via fax number listed above.*