

KD PROPERTY MGMT

PO BOX 636
MENOMONIE, WI 54751

Email: kdpropmanage@gmail.com
Phone: 715/497-6161 Fax: 715/235-0639

APPLICATION FOR RESIDENCY

Address applying for: Allman Park in Medford Preferred move in date: _____
Applicant Name: _____ Date of Birth: _____
(First) (Middle) (Last)
Phone: _____ Email Address: _____

Full names of family members, roommates and their birth dates that will occupy dwelling:

Vehicle Information:

1. _____ License Plate # _____
(Make) (Model) (Year) (Color) State Licensed: _____
2. _____ License Plate # _____
(Make) (Model) (Year) (Color) State Licensed: _____

Drivers License(s) #: _____ **State Issued:** _____

Housing References:

Present address: _____ City: _____ State: _____
How long? _____ Amount of monthly rent paid: \$ _____ Landlord: _____
Landlord Phone: _____ Why you are leaving? _____
Previous address: _____ City: _____ State/Zip _____
How long? _____ Amount of monthly rent paid: \$ _____ Landlord: _____
Landlord Phone: _____ Why did you leave? _____
Have you had problems with any previous Landlords? _____ If yes, explain: _____

Do you have a pet? _____ If yes, type and age of pet(s): _____

Employment:

APPLICANT INFORMATION:		
Employed by: _____	Phone #: _____	How long _____
Position: _____	Supervisor: _____	Supervisor #: _____
Monthly Income: _____	Any other income: _____	Total Income: _____
SPOUSE INFORMATION: if applicable. If single leave blank. Roommates must fill out their own application		
Spouse employed by: _____ Phone # _____ How long _____		
Position: _____ Supervisor: _____ Supervisor #: _____		
Monthly Income: _____ Any other income: _____ Total Income: _____		
<u>Couple's</u> Total Monthly Income from all sources: _____		

Personal References: (Name, Phone Number & Relationship to you, not parents)

1. _____
2. _____

In case of an emergency, Please notify:

Name: _____ Relationship to you: _____

Address: _____ Phone #: _____
 Street City State/Zip

How did you hear about us?	What is your reason for leaving your current residence?
Friend- Who? _____	_____
Newspaper _____	_____
Craigslist _____	_____
Other: _____	_____

To the best of my knowledge all of the above is true. *This is a confidential form*	
Date: _____	Name: _____
	Signature: _____

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DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair credit Reporting Act set forth in Section 604(b) to the applicant that a social security, motor vehicle verification, education, previous employment, credit, character, general reputation, personal characteristics, mode of living and a criminal background verification may be obtained for the purpose of this tenant application. By the signature below, the Applicant acknowledges that KD Property Management has made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that KD Property Management may now, or any time while I am renting, conduct a verification of my education, previous tenant history, credit history, contact personal references, motor vehicle records, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the landlord requirements. The results of this verification process will be used to determine tenant eligibility under KD Property Management tenant policies. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to you as a potential renter, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide KD Property Management with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge KD Property Management and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from retrieving and reporting of information.

I, _____, have made an application with KD Property Management for occupancy in one their units. I agree to the above terms and allow KD Property Management to do a complete investigation of all information provided within my application for residency.

Date: _____

Name: _____

Signature: _____