

PARKWAY PROPERTIES RENTAL APPLICATION

Please return to: Parkway Terrace Apts. 2340 Murphy Dr. Lawrence, KS 66046 (785) 841-1155

A THIRTY DOLLAR (\$30) NON-REFUNDABLE APPLICATION FEE IS REQUIRED

Phone: (785) 841-1155 Fax: (785) 841-3430 Email: pkwyproperties@att.net

PERSONAL INFORMATION:

Full Name: _____

SSN: _____

Cell Phone: _____

Date of Birth: _____

Other Phone Number: _____

Pets _____

Name of Roommate(s)/ dependants (children): _____ A non-refundable pet fee of \$250.00 is required.

Email Address: _____

In Case of Emergency, Notify: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Are you a student? (circle one) No Full Part-Time **Co-signer required for all students

How did you hear about Parkway Properties? _____

VEHICLE INFORMATION:

Driver's License #: _____ Make/Model/Color: _____ Tag: _____

RESIDENCE HISTORY- PROVIDE TWO YEARS HISTORY:

1) Present Address: _____ Move In/Out Dates: _____
City State Zip

Landlord/Management: _____ Phone #/contact: _____

2) Previous Address: _____ Move In/Out Dates: _____
City State Zip

Landlord/Management: _____ Phone #/contact: _____

3) Permanent Address: (home address) _____
City State Zip Phone: _____

EMPLOYMENT/BANK REFERENCES:

1) Employer: _____ Phone #: _____
Address: _____ Position: _____
Dates Employed: _____ Gross Monthly Income: _____

2) Employer: _____ Phone: _____
Address: _____ Position: _____
Dates Employed: _____ Gross Monthly Income: _____

3) Bank/Branch: _____ Phone: _____
Type of Account: Checking Savings Both How long? _____

4) Other Income (parents, scholarships, etc): _____

HAVE YOU EVER...

Been evicted from tenancy? Yes _____ No _____ Been Convicted of a felony? Yes _____ No _____

The above information, to the best of my knowledge, is true and correct. I hereby authorize you to process this application for the purpose of obtaining a Lease Agreement with this property. Additionally, I authorize all corporations, companies, and law enforcement agencies, academic institutions and employers to release information they may have about me and release the landlord, leasing agent, their officers, employees, and agents and any person so furnishing information, from any and all liability of every nature and kind arising out of the investigation or the furnishing or inspection of such documents, records, and other information. A photographic or faxed copy of this authorization shall be as valid as the original.

Applicant Signature: _____ Date: _____