



2804 E. 9th Avenue  
 Winfield, Kansas 67156  
 (620)218-0512  
**RENTAL APPLICATION**

**APPLICANT INFORMATION**

FULL LEGAL NAME:	SS#:	MARRIED DIVORCED	SINGLE SEPARATED	TOTAL # KIDS:
DATE OF BIRTH:      AGE:	DL#:	CELL PHONE:	KID #1 NAME: AGE: M OR F	
CURRENT ADDRESS: CITY: STATE:                  ZIP:	HOW LONG AT CURRENT ADDRESS?	OWNED OR RENT  MONTHLY PAYMENT:	KID #2 NAME: AGE: M OR F	
LANDLORD NAME:	LANDLORD PHONE #:		KID #3 NAME: AGE: M OR F	

**EMPLOYMENT INFORMATION**

CURRENT EMPLOYER:	ADDRESS:  CITY:  STATE:      ZIP:	PHONE:  E-MAIL:  FAX:	POSITION: HOURLY/SALARY: NET INCOME: HOW LONG EMPLOYED:
-------------------	---	-----------------------------------	--

**EMERGENCY CONTACT**

NAME OF A PERSON NOT RESIDING WITH YOU:	ADDRESS:  CITY:	STATE:  ZIP:	RELATIONSHIP:
---	-----------------------	--------------------	---------------

**REFERENCES**

NAME:  PHONE:	ADDRESS: CITY: STATE: ZIP:	NAME:  PHONE:	ADDRESS: CITY: STATE: ZIP:
NAME:  PHONE:	ADDRESS: CITY: STATE: ZIP:	NAME:  PHONE:	ADDRESS: CITY: STATE: ZIP:

Have you or any household members been convicted of felony within the last 5 years? Yes _____ or No _____  If yes, please indicate what the conviction was for:	I authorize the verification of the information provided on this form as to my credit and employment.	I authorize the sharing of information with other members of the Winfield Landlord Association.	I authorize Woodland Apartments & Storage, LLC to obtain a Consumer Report.
--	---	---	---

SIGNATURE OF APPLICANT:	DATE:
-------------------------	-------

ONE APPLICATION REQUIRED PER ADULT WITH A \$10 APPLICATION FEE, COPY OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD.  
 Applying for \_\_\_\_\_ bedroom, \_\_\_\_\_ bathroom unit.  
 Once application is filled out, please return via email or text to [mogojellings@yahoo.com](mailto:mogojellings@yahoo.com) or (620)218-0512.  
 Member of Winfield Landlord Association.