
MISSION HEIGHTS APARTMENTS – APPLICATION REQUIREMENTS AND PROCEDURES: APPLICANT'S COPY

Thank you for submitting your application to rent an apartment home within our community. You will be contacted within 2 business days regarding the status of your application.

Rental Requirements:

- Credit: A complete check of credit history will be made. A poor credit history may be cause for denying a rental application depending on other factors. The applicant(s) must have a positive past rental reference or have previously owned a home (with mortgage in good standing). This includes no late rent payments, evictions, or lease violations. The credit score must be 700 or above.
- Excellent rental history is a must.
- A prospective Resident must meet the minimum income requirements:
 - 1 person must have a gross monthly income of at least 3X the monthly rent
 - 2 persons must have a gross monthly income of at least 3.5X the monthly rent
 - 3 persons must have a gross monthly income of at least 4X the monthly rent

Lease Terms:

- 12-month or 6-month leases available. Different rental rates apply to each lease term.

Age and Verifiable Identity Documents :

All occupants regardless of age must be reported. Leaseholders must be 18 years of age, and all persons 18 or over must meet these application guidelines. All occupants must provide a US government-issued document stating the right to reside in the US during the term of the lease or have a verifiable social security number.

Occupancy Limits:

- 1 or 2 persons are allowed per one-bedroom
- 2 or 3 persons are allowed per two-bedroom

The Application Process:

- The \$45 application fee is non-refundable and must be paid before any verification begins. The Security Deposit is required at the time of leasing signing. This deposit is non-refundable after 72 hours of lease signing if applicant fails to occupy or fulfill terms and conditions of signed lease.
- All information provided on the application must be complete and correct or we will be unable to process the application. If we are unable to verify any portion of the application, this is basis for rejection.
- If the application is accepted, you will be notified by telephone and will have 24 hours to return our call and set up a lease signing date and time.
- If the application is denied, we will contact you within 48 hours.
- All of our residents are required to provide, along with this application, a copy of their driver's license or state ID and their most recent pay-stub, for their resident file.

Other Policies:

- Pets: Cats, fish, and properly caged birds are allowed in the apartment. A pet deposit and signed agreement are required for tenants to keep pets in any apartment. **Pet Dogs are not allowed in any apartment unit at any time.**
- The full Security Deposit payment is required at the time of lease signing. The first month's rent (or prorated amount of first month's rent when applicable) is due the day of move in. The security deposit and first month's rent must be paid in the form of a cashier's check or money order.
- Mission Heights is a **non-smoking** Apartment Building.



Mission Heights Apartments
5717 Outlook Street, #304
Mission, KS 66202

PHONE (913) 432-9070
FAX (650) 832-1455
E-MAIL missionheightsks@gmail.com
Website: www.missionheightsks.com

Mission Heights Apartments

5717 Outlook Street, #304

Mission, KS 66202

913 432-9070

Personal Data:

NAME _____ BIRTHDATE _____ SOCIAL SECURITY# _____
 DRIVERS LIC.# _____

MAIDEN NAME OR ALIAS/ IF DIVORCED, PREVIOUS NAME _____

PRESENT ADDRESS _____ ZIP _____ PHONE# _____

HOW LONG AT PRESENT ADDRESS _____ REASON FOR MOVING _____ CURRENT RENT: \$ _____

CURRENT LANDLORD NAME _____ PHONE# _____

PREVIOUS ADDRESS _____ ZIP _____ PREVIOUS RENT: \$ _____

PREVIOUS LANDLORD NAME _____ PREVIOUS LANDLORD PHONE# _____

NUMBER OF OCCUPANTS _____ RELATIONSHIPS TO SELF _____

NUMBER OF OCCUPANTS IN THE MILITARY _____ WHO _____

NUMBER OF OCCUPANTS WHO SMOKE _____ AGES _____

LIST ANY PETS _____ NUMBER OF VEHICLES _____

CAR MAKE _____ YEAR _____ MODEL _____ COLOR _____ LIC.PLATE# _____

CAR MAKE _____ YEAR _____ MODEL _____ COLOR _____ LIC.PLATE# _____

<u>Occupation:</u>	PRESENT OCCUPATION	PRIOR OCCUPATION
EMPLOYER		
SELF-EMPLOYED, D.B.A.		
BUSINESS ADDRESS		
PHONE		
POSITION HELD		
HOW LONG		
NAME AND TITLE OF SUPERIOR		
TYPE OF BUSINESS		
MONTHLY GROSS INCOME		

<u>References</u> PLEASE LIST AND INDICATE ALL SAVINGS (S) AND CHECKING (CK) ACCOUNTS				
BANK NAME & BRANCH	ACCOUNT#	BALANCE	DATE OPENED	BANK PHONE

<u>Personal References</u> PLEASE ATTACH ADDITIONAL INFORMATION IF ANY TO SEPARATE PAGE				
NAME	ADDRESS	PHONE	CELL	RELATIONSHIP

**Authorization To Obtain CREDIT REPORT
And PUBLIC RECORD Information Relating To
Application To Rent Or Lease**

Mission Heights Apartments
5717 Outlook Street, #304
Mission Kansas 66202

Telephone: 913-432-9070
Email: Missionheightsks@gmail.com
Fax: 650-832-1455

NAME _____
First Middle Last

(Maiden or other name, if present name has been used for LESS THAN 2 YEARS)

SSA NO. _____ **DATE OF BIRTH** _____

PRESENT ADDRESS _____
Street and Apt. ZIP

City, State

DRIVER'S LICENSE NO. _____ **STATE** _____

NOTICE: YOUR SIGNATURE IS YOUR PERMISSION FOR **COURTYARD INVESTMENTS, LLC/ D/B/A/ MISSION HEIGHTS APARTMENTS.** OR ITS' AGENT TO OBTAIN CREDIT REPORTS, CRIMINAL RECORDS, VERIFY EMPLOYMENT AND PREVIOUS RENTAL HISTORY, AND OBTAIN ANY RECORDS WHICH ARE PUBLIC RECORDS FOR PURPOSES OF EVALUATING YOUR APPLICATION TO RENT OR LEASE. ANY SUCH RECORDS OBTAINED WILL REMAIN CONFIDENTIAL AND WILL ONLY BE USED FOR SAID PURPOSE. I ACKNOWLEDGE RECEIPT OF A COPY OF "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

APPLICANT SIGNATURE X _____ Date X _____

Condo at Baypoint Ardenwood – Fremont CA

Tenant Release and Consent

I, _____ the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income and/or assets to Mission Heights Apartments/Courtyard Investment LLC for purposes of verifying information on my apartment rental application.

Information Covered

I understand that previous or current information regarding me may be needed. Verification and inquiries that may be requested include but are not limited to, personal identify, employment, income and assets, medical or child care allowances, credit and/or criminal information. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation as a qualified tenant.

Groups or individuals that may be contacted:

The groups or individuals that may be asked to release the above information include but are not limited to:

- Past and present employers
- Veterans Administration
- State Unemployment Agencies
- Banks/Other financial institutions
- Welfare Agencies
- Previous landlords including public housing agencies
- Social Security Administration
- Support and Alimony
- Providers/agencies
- Medical and Child Care Providers
- Military
- Schools
- State agencies

Conditions

I agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay effect for one year and one month from the date signed.

Signature

Date

