Olson Rentals

629 Pecan Circle, Manhattan, KS 66502
(785) 539-1975 or (785) 313-8296 or (785) 565-8324

Rental Application

Applicant_____ Soc. Sec. #_____
Present Address_____
(Phone) Home _____ Work_____ Driver's Lic. #_____
Lived at the above address from _____ to _____
Landlord's name, address & telephone _____
Date of Birth _____ Single_____ Married_____ Divorced_____ Separated_____

Employer (Name, address, telephone) If Military (Unit & Company Commander)
_____ _____
_____ _____
_____ _____

Approximate monthly Income _____

Employer of spouse or roommate (give same info as above)
_____ _____
_____ _____
_____ _____

List 2 personal references and give address & phone #
_____ _____
_____ _____
_____ _____

Parents name & address
_____ _____
_____ _____
_____ _____

Have you ever been arrested other than a traffic violation _____ If yes, explain (continue on back if needed)_____
Have you ever filed bankruptcy____ if yes, give date_____
Make, model, year & color of car/cars _____
Date of insurance & number of license tag_____
The following persons will reside with me on the property

Name	Relationship	Age	Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____

Do you agree not to bring any pets on the premises ____ if no, describe pet or pets_____

Size of residence desired _____ Date required _____ Length of term_____

I give my permission to have foregoing information verified
Applicant's signature Spouse's signature
_____ _____