

**K-Nor L.L.C, Broker**  
**[www.k-norrentals.com](http://www.k-norrentals.com)**  
**(972)875-7903**  
**206 S. Clay St. Suite B**  
**Ennis, TX 75119**

## Rental Instructions

### Applicant will not be accepted if:

- Applicant does not have a social security or TIN number.
- Applicant has ever been evicted or have a rent related charge against their credit
- Applicant has been convicted of a felony

Bad credit is not necessarily automatic rejection - it is up to the individual property owner

### **Renters Insurance is required for all New Approved Renters.**

**Application fee:** the application will be processed after the fee has been collected

1 person = \$45

2 people, married = \$45 (legally married, credit reporting bureaus do not recognize common-law)

2 people, unmarried = \$90

**This applies to all occupants over the age of 18**

### Rent:

- On the day the lease is signed, the first full month's rent plus the security deposit and pet deposit, if any, are to be paid
- Partial month pro-ration is due on the first day of the second month.
- Leases are for 12 months. There will be a minimum of \$100 up-charge for month-to-month or short term leases depending on property owner's requirements.
- Renters insurance is required. We have an arrangement with State Farm Insurance to allow monthly payments during your tenancy or you may arrange for your own insurance.

### Deposit:

The property remains on the market until a deposit is received. If the owner turns you down, your deposit will be refunded. **If you change your mind, your deposit will not be refunded.** The deposit check will be deposited into our bank account when it is received.

### Approval:

Approval is based on criminal history, credit history, current income and rental history. The owner of the property has final approval of prospective tenants

*Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income and rental history. If you do not meet the selection criteria, or if you provide inaccurate or incomplete information, your application maybe rejected, and your application fee will not be refunded."*

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Signature of applicant(s)

Date

**Our Privacy policy is available upon request**

## RENTAL APPLICATION

Each applicant over 18 years of age must submit a separate application. A legally married couple may submit a joint application. **Please print clearly.**

<b>ABOUT YOU: Full name <u>exactly</u> as it appears on drivers license or government ID:</b>							
Last Name:		First Name:		Middle Name:			
Address as it appears on drivers license or ID: ADDRESS:			CITY/ST/ZIP:				
Drivers license # and ST:			Cell:				
Former last names (maiden and married):			Email Address:				
Social Security #:							
Birth date: (mm/dd/yyyy)		Sex:	Height:	Weight:	Eye color:	Hair color:	
Marital Status:							
€ SINGLE		€ MARRIED		€ DIVORCED		€ WIDOWED	€ SEPARATED

<b>YOUR SPOUSE: Full name <u>exactly</u> as it appears on drivers license or government ID:</b>						
Last Name:		First Name:		Middle Name:		
Address as it appears on drivers license or ID: ADDRESS:			CITY/ST/ZIP:			
Drivers license # and ST:			Cell:			
Former last names (maiden and married):			Email Address:			
Social Security #:						
Birth date: (mm/dd/yyyy)		Sex:	Height:	Weight:	Eye color:	Hair color:

<b>CURRENT ADDRESS:</b>	
Address (where you now live): _____	
City/ST/Zip: _____	
Home phone #:( _____ ) _____	Current monthly rent/mortgage: \$ _____
Name of apartment: _____	
Name of manager/owner: _____	Email: _____
Their phone #: ( _____ ) _____	Date moved in: _____
Why are you leaving your current residence? _____	
_____	

**PREVIOUS ADDRESS:**

Your previous home address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Name of Apartment: \_\_\_\_\_

Name of Manager/Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Their phone #: (\_\_\_\_\_) \_\_\_\_\_ Previous monthly rent/mortgage: \$ \_\_\_\_\_

Date you moved in: \_\_\_\_\_ Date your moved out: \_\_\_\_\_

**EMPLOYMENT:**

Present employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Work phone #: (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_ Date you started: \_\_\_\_\_

Supervisor's name and phone number: \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

Previous employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Work phone #: (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_ Date you started: \_\_\_\_\_

Supervisor's name and phone number: \_\_\_\_\_

**SPOUSE'S EMPLOYMENT:**

Present employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Work phone #: (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_ Date you started: \_\_\_\_\_

Supervisor's name and phone number: \_\_\_\_\_

**RENTAL/CRIMINAL HISTORY:** Have you, your spouse or any occupant ever:

- |     |    |  |
|-----|----|--|
| Yes | No |  |
| €   | €  | been evicted or asked to move out?   |
| €   | €  | broken a rental or lease agreement?  |
| €   | €  | been sued for nonpayment of rent?  |
| €   | €  | been convicted or received deferred adjudication for a felony?                                   |
| €   | €  | been arrested for a felony which has not been adjudicated by dismissal, acquittal or conviction? |
| €   | €  | declared bankruptcy?   |

Please indicate year, location and charge of any felony. Indicate year and location of any eviction:

**Do you or any occupant smoke? Yes \_\_\_\_\_ No \_\_\_\_\_**

**ALL OTHER OCCUPANTS:** Names of all persons adults/children who will occupy the unit.

Name: _____	Relationship: _____
Sex: _____ Birth date: _____	Social Security #: _____ DL/ID #: _____
Name: _____	Relationship: _____
Sex: _____ Birth date: _____	Social Security #: _____ DL/ID #: _____
Name: _____	Relationship: _____
Sex: _____ Birth date: _____	Social Security #: _____ DL/ID #: _____
Name: _____	Relationship: _____
Sex: _____ Birth date: _____	Social Security #: _____ DL/ID #: _____
Name: _____	Relationship: _____
Sex: _____ Birth date: _____	Social Security #: _____ DL/ID #: _____

**VEHICLES:** List all vehicles to be parked by you, your spouse, or any occupant: including cars, trucks, motorcycles, trailers, etc.

Make of vehicle: _____	Model: _____
Year: _____ Color: _____	License #: _____ State: _____
Make of vehicle: _____	Model: _____
Year: _____ Color: _____	License #: _____ State: _____
Make of vehicle: _____	Model: _____
Year: _____ Color: _____	License #: _____ State: _____

