



**620.218.2713**

**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 #:	PET: WEIGHT:	BREED:	KID #3 NAME: AGE: M OR F

**EMPLOYMENT INFORMATION**

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

**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 COPY OF DRIVERS LICENSE AND SOCIAL SECURITY CARD.**

Member of Winfield Landlord Association.

Applying for \_\_\_\_\_ bedroom, \_\_\_\_\_ bathroom unit.  
Once application is filled out, please return via email or text to [chmpropertygroup@icloud.com](mailto:chmpropertygroup@icloud.com) or (620)218-2713.