



620.218.2713

APPLICANT INFORMATION			
FULL LEGAL NAME:	SS#:	MARRIED DIVORCED	SINGLE SEPARATED
DATE OF BIRTH: AGE:	DL#:	CELL PHONE:	TOTAL # KIDS:
		HOME 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:	ADDRESS: CITY: STATE: ZIP:	NAME:	ADDRESS: CITY: STATE: ZIP:
PHONE:		PHONE:	
NAME:	ADDRESS: CITY: STATE: ZIP:	NAME:	ADDRESS: CITY: STATE: ZIP:
PHONE:		PHONE:	
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 Compass Point Townhomes, 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 or (620)218-2713.