



Andrade Properties
615 Florida Street, Lawrence, KS 66044
www.lawrence-kansas-house-rental.com
andradeproperties@gmail.com
785-550-2189



Thank you for taking the time to look at our rental property.

If you are interested in renting a property, we have four requirements that all applicants need to meet for approval:

1. Meet the minimum financial requirement of income equal to three times the amount of monthly rent. (With multiple applications, all monthly incomes will be combined.)
2. Have a credit score of 650 or better.
3. Have at least two years of satisfactory rental history.
4. Pass a criminal background check.

If all four requirements are not met, we may request a co-signer with a credit score of 650 or better. (Please note that the application fee for those applying with a co-signer is \$40 in order to cover the additional credit checks required.)

Once you have returned a completed application, including a \$30 non-refundable application fee, it will take one to two business days to process the application. If the application is approved, the applicant(s) have three days to pay a security deposit and sign a lease to secure the property. The property is not secured until the deposit is received and the lease is signed.

If you have any questions about the rental property or application process, please contact us at the phone number or email address listed above.

Application for Occupancy Fee

A non-refundable \$30.00 application fee must be received with each completed application to cover the costs associated with credit and background checks. Payment can be made via check payable to *Andrade Investments LLC*, Venmo (@Andrade-PropertiesLLC), credit card (complete information below if not presenting card in person), or cash.

Credit card number: _____

Security code: _____ Expiration date: _____

Billing name: _____

Billing address: _____



APPLICATION FOR OCCUPANCY

SEPARATE APPLICATIONS REQUIRED FOR EACH ADULT WHO WILL RESIDE AT PROPERTY

Property location: _____ Desired occupancy date: _____

Name: _____

Email address: _____ Phone: _____

Date of birth: _____ Social Security Number: _____

Additional occupants: # Adults (18+) _____ # Children (0-18) _____

Co-Renter's name (if applicable): _____

Pet information (if applicable): # Dogs: _____ # Cats: _____

Breed: _____ Weight: _____ Age: _____

Current Address: _____

How long? _____ Monthly rent: _____

Landlord: _____

Phone: _____ Email: _____

Employer: _____

How long? _____ Monthly income: _____

Position: _____

Address: _____

Phone: _____

Graduation year if currently a student: _____

I understand that the information provided might be used by Andrade Properties to determine whether to accept this application. I authorize Andrade Properties to verify all the information given in this application, including past rental information and employment information provided. I authorize Andrade Properties to obtain a current credit and criminal background check. I also understand this application is not a rental agreement. If approved, and Tenant agrees to rent the premises from Andrade Properties, Tenant agrees to pay Andrade Properties the full amount of the security deposit within 3 business days of approval, which will 'hold' the property for Tenant. Once deposited with Andrade Properties, this money will become non-refundable in the event Tenant withdraws their Application and/or does not proceed with renting the premises. Upon payment to Andrade Properties of first month's rent AND Tenant's occupancy of the property, all monies paid to 'hold' the property will apply toward the Security Deposit, and will be subject to refund under the terms and conditions of the Rental Agreement executed between the parties.

APPLICANT SIGNATURE:

_____ Date: _____

PAGE 2 –APPLICANT’S NAME: _____

Co-Signer: As co-signer / guarantor for the above applicant(s), I pledge to pay all amounts in which the applicant defaults in his/her lease obligations. I hereby authorize the owner or his agent(s) to procure a copy of my credit report as a means of verifying my full ability to act in this capacity.

Full name: _____

Date of birth: _____

Address: _____

Social Security Number: _____ Phone: _____

Employer: _____ Position: _____

Signature of co-signer: _____ Date: _____