

# Fort Leavenworth Frontier Heritage Communities, LLC

## Military Retiree and DOD Civilian Rental Application

Email Completed Application to [fhc@tmo.com](mailto:fhc@tmo.com)

Military Retiree? YES NO If YES, Retired Rank: \_\_\_\_\_

Housing Needed by Date: \_\_\_\_\_

DoD, DoJ, or NAF? YES NO If YES, GS or NF Rank: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Occupants**

Name (Head of Household)	Birth Date	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Marital Status	1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Separated	3. <input type="checkbox"/> Divorced 4. <input type="checkbox"/> Widowed	5. <input type="checkbox"/> Single	S.S. No.
Name and Social Security Number if over the age of 18 A			1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child 3. <input type="checkbox"/> Other	
Name and Social Security Number if over the age of 18 B			1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child 3. <input type="checkbox"/> Other	
Name and Social Security Number if over the age of 18 C			1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child 3. <input type="checkbox"/> Other	

**Present Address**

Street	City	State/Zip	Phone	How long at present address?	Landlord
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**Previous Address**

Street	City	State	Phone	How long at previous address?	Landlord
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**IN CASE OF EMERGENCY – NOTIFY:**

Name	Address	City/State	Phone	Relationship
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**EMPLOYMENT**

Name of Company/ Address	Salary <input type="checkbox"/> Annual \$ _____ <input type="checkbox"/> Bi-Weekly \$ _____ Hourly rate \$ _____	How Long?	Bus. Phone
Former Employer	Address	How Long?	Bus. Phone
Spouse Work Yes No	Occupation	Address	How Long? Bus. Phone

**REFERENCES**

BANK(S)	Name	Address	City	Type of Account(s) 1 Checking 2 Savings 3 Loan
	A Name	Address	City	1 Checking 2 Savings 3 Loan
CREDIT	A Name	Address	City	Type of Business
	B Name	Address	City	Type of Business
PERSONAL	A Name	Address	City	Relationship
	B Name	Address	City	Relationship

**CHECK ONE IN EACH OF THE FOLLOWING AREAS**

Former Residence 1 <input type="checkbox"/> Out of State 2 <input type="checkbox"/> Out of town (in state) 3 <input type="checkbox"/> Local	1 <input type="checkbox"/> Apt community 2 <input type="checkbox"/> duplex - rent 3 <input type="checkbox"/> Home -rent 4 <input type="checkbox"/> Condominium	5 <input type="checkbox"/> Home - owned 6 <input type="checkbox"/> Mobile home 7 <input type="checkbox"/> Other _____ 8 <input type="checkbox"/> Establishing new household
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**If Former Residence Was an Apartment. Why did you move?**

1 <input type="checkbox"/> Job Transfer	5 <input type="checkbox"/> Parking
2 <input type="checkbox"/> Better Location	6 <input type="checkbox"/> Management
3 <input type="checkbox"/> Price	7 <input type="checkbox"/> Noise
4 <input type="checkbox"/> Maintenance	8 <input type="checkbox"/> Other _____

**Vehicles**

**AUTOS**

0 <input type="checkbox"/> None	1 <input type="checkbox"/> One Year _____ Make _____ License _____	<b>OTHER:</b> 1 <input type="checkbox"/> Boat 2 <input type="checkbox"/> Camper 3 <input type="checkbox"/> Motorcycle 4 <input type="checkbox"/> Bicycle 5 <input type="checkbox"/> Other _____
1 <input type="checkbox"/> One	2 <input type="checkbox"/> Two Year _____ Make _____ License _____	
2 <input type="checkbox"/> Two	3 <input type="checkbox"/> More than two	

Dr. Lic. No. \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

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

**Credit and Background Check:** A credit and background check report on applicant(s) will be obtained by Agent on behalf of Landlord prior to execution of a lease. \$25.00 to be charged for up to two Applicant(s) and \$15.00 for each additional applicant over the age of 18. Applicant(s) consent to Landlord obtaining of such credit and background check reports.

**INSURANCE:** Landlord does not carry insurance on the personal property of tenants. It is the tenant's responsibility to provide proof to the Landlord of such renter's liability insurance at lease signing.

**ENTIRE AGREEMENT:** The foregoing constitutes the entire agreement between the parties and may be modified only by written notice signed by both parties. This agreement is predicated upon all of the information which has been furnished by applicant being accurate; and if the facts provided are not accurate, this lease agreement may be voided at the option of the Landlord. Execution of this agreement by other parties to this agreement constitutes acceptance thereof.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Management Representative \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only	Date Received : _____	Date of Checks : _____	Approved : _____	Declined : _____	Conditions : _____
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