

**Johnson Med Center**  
**3808 Booth Street, Kansas City, KS 66103**  
**Phone 913-262-9020 Fax 913-236-4434**  
Email: johnsonmed@orionpg.com

Thank you for choosing Johnson Med Center Apartments!

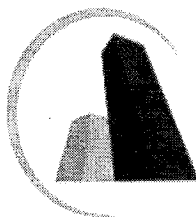
Upon the return of your application, please bring the following items to expedite your screening process:

- Your photo identification; government issued, driver's license or passport
- Social Security card or tax identification documentation
- Most-recent paycheck stubs from the last 2 months; or offer of employment letter
- A ***certified check or money order*** for the Application Fee in the amount of \$50.00 per applicant, \$50.00 for cosigner
- A ***certified check or money order*** for the Security Deposit & Admin. Fee in the amount of \$350.00
- Please make monies payable to: *Johnson Med Center*

Should you have any questions or concerns regarding your application or any of the information that is required for screening, please do contact me.

I look forward to your move into Johnson Med Center!

Kellan Dawson  
Property Manager



Orion Property Group

**RENTAL QUALIFICATION STANDARDS**

**INCOME:**

Monthly income shall be equal to or greater than 2.75 times the monthly rental rate

**MINIMUM AGE:**

18 years of age or older

**NUMBER OF OCCUPANTS:**

Studio/1 bedroom	2 People
2 Bedroom	4 People
3 Bedroom	6 People

**CREDIT HISTORY:**

All applications will be checked through the credit bureaus or an independent consumer reporting agency. Poor credit references may result in denial of occupancy applications.

**EMPLOYMENT HISTORY:**

A minimum of one (1) year at your current job, or in the case of new job or job transfer, a minimum of one (1) year at previous employment is required. Rental applicants must demonstrate the ability to meet the income requirements above. Employment references may require copies of most recent paycheck stubs. A co-signer may be required if the minimum income and/or employment standard is not met.

**PREVIOUS LANDLORD HISTORY:**

References of former landlord may be verified for the past five (5) years. Negative references, including civil suites and/or unpaid balances may result in denial of occupancy.

**CRIMINAL HISTORY:**

Criminal history may result in a denial of occupancy, including automatic denial from felonies and misdemeanors relating to drugs, theft, sexual offences and assault.

**EQUAL OPPORTUNITY HOUSING:**

Orion Property Group offers equal housing opportunities in accordance with The Fair Housing Act and Amendments.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date





Orion Property Group

# RENTAL APPLICATION

Every occupant over the age of 18 MUST fill out a separate application.

Property: JOHNSON MED CENTER	Move-In Date:	Apt. Type:
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## PERSONAL INFORMATION

First Name	Middle	Last Name
Former/Maiden Name(s)	S.S.N.	
D.O.B.	Marrital Status	Drivers License # & State
Cell Phone #	Other Phone	Email
Present Home Address	Apt #	City/State/Zip
Length of Time	Landlord	Landlord Phone
Reason for Leaving	Rent	Current on Rent?
Previous Home Address	Apt #	City/State/Zip
Length of Time	Landlord	Landlord Phone
Reason for Leaving	Rent	Current on Rent?
Previous Home Address	Apt #	City/State/Zip
Length of Time	Landlord	Landlord Phone
Reason for Leaving	Rent	Current on Rent?

## PROPOSED OCCUPANTS Other than self/other applicants

Name	Relationship	DOB	Occupation
Name	Relationship	DOB	Occupation
Name	Relationship	DOB	Occupation

## PROPOSED PETS

Name	Type/Breed	Color	Age	M/F
Name	Type/Breed	Color	Age	M/F

## VEHICLE INFORMATION

Year	Make	Model	Color	Plate #	State
Year	Make	Model	Color	Plate #	State

## EMPLOYMENT & INCOME

Current Employer	Position	Income \$ /
Supervisor	Phone	Yrs Employed
Address	City/State/Zip	
Current / Past Employer	Position	Income \$ /
Supervisor	Phone	Yrs Employed
Address	City/State/Zip	
Other Income Source	Monthly Amount	

## EMERGENCY CONTACT

Name	Phone	Relationship
Street Address	City/State/Zip	



Orion Property Group

# RENTAL APPLICATION

Every occupant over the age of 18 MUST fill out a separate application.

## ADDITIONAL INFORMATION

Have you ever willingly refused to pay rent?	If so, to whom and why?	
Have you ever been evicted?	If so, from where and why?	
Have you ever been arrested or convicted of a crime?	If so, where, when and what was the charge?	
Bank	Location of Bank	Type of Accounts
Character Reference Name	Relationship	Phone
Character Reference Name	Relationship	Phone

## TERMS & CONDITIONS

Failure to provide complete information, including daytime phone numbers for you and your references, will delay processing. **Incomplete applications will not be processed.**

This application must be signed before it can be considered by the Landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant or credited toward any deposit, which may be required of applicant at the time the rental agreement is executed. **If approved and the rental unit is held for applicant for more than 3 days, then the applicant withdraws the application, and all monies deposited shall be forfeited to Landlord. A non-refundable screening fee will be collected to process this application.**

Application Fee:	\$50.00 per person
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By signing, the applicant recognizes that an investigative report will be prepared whereby information is obtained from credit bureaus, landlords and employers, through interviews and public records. This inquiry includes information as to your character, general reputation, credit and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application.

Applicant Signature	Date
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This application accompanies the application(s) for: Name(s)

This application was received by management by the person signed below on the date signed below.

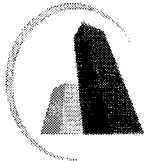
Management Signature	Date
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## APPLICATION RESULTS

After screening as listed above, this application has been (Circle One)	Approved	Denied
	Date Approved:	

If approved, the applicant shall pay a deposit in the amount of: \$	
by the date of:	

OTHER CONDITIONS (IF APPLICABLE):



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Johnson Med Center  
3808 Booth Street  
Kansas City, KS 66103  
Phone: 913.262.9020  
Fax: 913.236.5199

Email: johnsonmed@orionpg.com

## Rental History Verification

Date: \_\_\_\_\_

To: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please answer the following questions about the resident above and fax back to the number listed above at your earliest convenience! Please call if you have any questions!**

Address at your community: \_\_\_\_\_

Dates There: From \_\_\_\_\_ To \_\_\_\_\_

Rental Amount: \$ \_\_\_\_\_ Gave Notice: \_\_\_\_\_

# of Late Payments: \_\_\_\_\_ # of NSF's: \_\_\_\_\_

Balance Currently Owed: \$ \_\_\_\_\_ # of Complaints: \_\_\_\_\_

Describe Complaints: \_\_\_\_\_

\_\_\_\_\_

Pet/Type (if applicable): \_\_\_\_\_

Did Management issue the Notice to Vacate:      **Yes**      **No**

Would Re-rent?      **Yes**      **No**      **If Qualified**

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Your Name/Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



