



# BANCROFT SCHOOL APARTMENTS

Please bring these items with you:

- State issued ID for all persons 18 years of age or older in the household
- Last 6 paycheck stubs or other proof of income
- Social security cards for everyone in the household
- Birth certificates for everyone in the household

One Bedroom Rent \$510/month	\$250 Security Deposit
Two Bedroom Rent \$610/month	\$300 Security Deposit
Three Bedroom Rent \$715/month	\$350 Security Deposit

4300 Tracy | Kansas City, MO 64110 | P: 816.960.6500 | F: 816.960.6502



# Pre Rental Application

**✓ Bedroom Size**

1  2  3

**Applicant Information**

Program Selection: Unassisted Rent: <input type="checkbox"/> Assisted Rent: <input type="checkbox"/>		Race/Ethnicity:	
Name:		Full Time Student: Yes No (Circle one)	
Date of Birth:	SSN:	Phone: ( )	
Current Address:			
City:	State:	Zip:	
Own Rent (Circle One)	Monthly Payment of Rent:	How long?	
Previous Address:			
City:	State:	Zip:	
Own Rent (Circle One)	Monthly Payment of Rent:	How long?	

**Employment Information / Source of Income**

Current employment or Income source:			
Employer / Source Address:			How long?
Phone: ( )	E-mail:	Fax: ( )	
City:	State:	Zip Code:	
Position:	Hourly _____	Salary _____	Monthly _____

**Credit / Criminal Background**

Have you ever been convicted of a felony? Yes No (Circle one) If yes, when:	
Are you a registered sex offender? Yes No (Circle one) If yes, when:	
Do you have an open or pending bankruptcy? Yes No (Circle one) If yes, when:	

**Co-applicant Information**

Program Selection: Unassisted Rent: <input type="checkbox"/> Assisted Rent: <input type="checkbox"/>		Race/Ethnicity:	
Name:		Full Time Student: Yes No (Circle one)	
Date of Birth:	SSN:	Phone: ( )	
Current Address:			
City:	State:	Zip:	
Own Rent (Circle One)	Monthly Payment of Rent:	How long?	
Previous Address:			
City:	State:	Zip:	
Own Rent (Circle One)	Monthly Payment of Rent:	How long?	

**Co-applicant Employment Information / Source of Income**

Current employment or Income source:			
Employer / Source Address:			How long?
Phone: ( )	E-mail:	Fax: ( )	
City:	State:	Zip Code:	
Position:	Hourly _____	Salary _____	Monthly _____

**Co-applicant Credit / Criminal Background**

Have you ever been convicted of a felony? Yes No (Circle one) If yes, when:	
Are you a registered sex offender? Yes No (Circle one) If yes, when:	
Do you have an open or pending bankruptcy? Yes No (Circle one) If yes, when:	

**Other Family Members**

Name:	Social Security Number	Full Time Student Y/N

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of Applicant:	Date:
Signature of Co-applicant:	Date: