

# KIC Facilities Management, LLC

A Subsidiary of the Kikiktagruk Inupiat Corporation

P.O. Box 1050, 373A Second Avenue, Kotzebue, AK 99752 Main: (907) 442-3165 Fax: (907) 442-2165

#### **RENTAL APPLICATION**

### **Conditions and Information**

The completion of this application and the acceptance of this application by Landlord create no obligation of Landlord to approve this application. Application will be considered based on past tenancy, credit worthiness, and income. A credit check will be done to determine your eligibility.

This application will be approved or rejected upon eligibility requirements and availability of housing or apartments. However, there is no obligation of Landlord to notify rental applicants unless the application is approved.

If this application is approved, rental applicant must view the premises, pay the necessary deposit\*, and have the electricity put in their name, complete a move-in inspection, and sign the lease before tenancy begins.

Landlord complies with all federal and state laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, natural origin, or other protected classes.

KIC apartments are SMOKE FREE and absolutely NO PETS allowed.

\*Necessary Deposit: A security deposit of \$1,000 will be required prior to move in.

Parking spaces available for \$5	•	•	ovided when available.	
[ ] 41-Unit				
[ ] 1 Bedroom (\$1,495/month) [ ] 2 Bedroom (\$1,672/month)				
[ ] <b>29-Unit</b>	edroom (\$1,463/month)	[ ] 2 Bedroom (\$	1,636/month)	
[ ] 3 Bedroom (\$1,758/month	า)			
[ ] 6-Plex or 8-Plex[	] 2 Bedroom (\$1,831/m	onth)		
[ ] 18-Plex (Teacher Housing)	[ ] 3 Bedroom (\$2,089	/month)**		
**Household must qualify for certified medical professional,	3 ,	,	n of a certified teacher,	
Applicant Information				
Full Name:		SSN:		
Marital Status:	Spouse Name	:		
Mailing Address:				
Home Phone Number:	W	ork Phone Number	::	
Driver License Number/State:		Date of Birth	:	
Vehicle? Y or N				
If yes, vehicle make:	Model:	Color:	Year:	
Additional Occupants: List e that apartments have a maxi			•	
Full Name: Relationship to Applicant:				

Rental History			
Physical and Mailing Address:			
· <del></del>			
Occupancy Dates: Rea	son for Leaving:		
Landlord/Manager:			
Landlord Phone Number:	<del></del>		
Employment History			
Name and Address of <b>Current Employer</b> :			
, <del></del>			
Supervisor:	Phone Number:		
Dates Employed at this Job:	Position or Title:		
Total Monthly Income:			
Previous Employer:			
Supervisor:	Phone Number:		
Dates Employed at this Job:	Position or Title:		
Total Monthly Income:Reason for leaving:			
Credit References (Credit accounts, loans, or other major obligations)			
Name:	Phone Number:		
Name:	Phone Number:		
Name:	Phone Number:		
Emergency Contact			
Name:	Relationship:		
Address:	Phone Number:		

Additional Information			
Additional Information			
Do you intend to reside here indefinitely? Y N			
If not, how long?			
Have you ever filed for bankruptcy? Y N			
Have you ever been evicted? Y N			
Are you party to any lawsuit? Y N			
Have you been convicted of a felony? Y N			
Explain any "yes" listed above:			
Applicant Signature			
I authorize that all information on this application is true to the best of my knowledge. I authorize KIC to perform a Credit check and agree to pay \$25.00 for the service, which will not be refunded.			
Signature: Date:			

# PERSONAL RELEASE FORM COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS – TENANT

### KIC Facilities Management LLC, Kotzebue, Alaska

Requesters name:	Phone #
IMPORTANT: Please read carefully before signing. A consumer including information concerning your character, employment he record, credit and indebtedness may be obtained in connection and/or an investigative consumer report may be obtained at a action is taken, based in whole or in part on the information confective a denial letter. The name, address and telephone number the Fair Credit Reporting Act will be included. You may report.	istory, rental history, personal characteristics, police n with your rental application. A consumer report my time during the application process. If adverse ntained in the consumer report, you are entitled to ber of Tenant Watch, and a summary of your rights
<b>Authorization:</b> You hereby authorize and request, without a landlord, police department, financial institution, consumer repagencies having knowledge about you to furnish Tenant Watch possession regarding you, in order that your suitability as a potential policy.	oorting agencies, credit bureaus or other persons or h with any and all background information in their
By signing below, you hereby authorize without reservation, a furnish the above mentioned information. You also agree that signature be accepted with the same authority as the original.	
There will be a non-refundable \$25.00 fee, paid in advance for t	he credit check.
Please print legibly to speed up processing time	
APPLICANT'S FULL NAME:	
APPLICANT'S SSN:	
APPLICANT'S DOB	
APPLICANT'S FULL ADDRESS	
READ, ACKNOWLEDGED AND AUTHORIZED	
Signature of Applicant	