



## **KIC Facilities Management. LLC**

*A Subsidiary of Kikiktagruk Inupiat Corporation*

Box 1050, 373A Second Ave. Kotzebue Alaska 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.*

Building Preference: Parking spaces available for \$25/month at 29 & 41 Units, Plug-in is an additional charge of \$25/month.

41-Unit. . . . .  Small Efficiency (\$1,337/month)  Large Efficiency (\$1,362/month)

1 Bedroom (\$1,540/month)  2 Bedroom (\$1,722/month)

29-Unit. . . . .  1 Bedroom (\$1,507/month)  2 Bedroom (\$1,685/month)

3 Bedroom (\$1,811/month)

6-Plex or 8-Plex. . . . .  2 Bedroom (\$1,886/month)

18-Plex (Teacher Housing)  3 Bedroom (\$2,152/month)

*\*\*Household must qualify for Teacher Housing by holding an occupation of a teaching professional, certified medical professional, or public safety professional.*

**Applicant Information**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Driver License Number/State: \_\_\_\_\_ Vehicle? Y or N

If yes, vehicle make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

**Additional Occupants:** List everyone, including children, who will live with you. Please note that apartments have a maximum occupancy rate per unit depending on size.

Full Name:	Relationship to Applicant:
_____	_____
_____	_____
_____	_____
_____	_____

**Rental History**

Physical and Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Occupancy Dates: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_

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

**Employment History**

Name and Address of Current Employer: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

Email address: \_\_\_\_\_

**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 report and/or investigative consumer report including information concerning your character, employment history, rental history, personal characteristics, police record, credit and indebtedness may be obtained in connection with your rental application. A consumer report and/or an investigative consumer report may be obtained at any time during the application process. If adverse action is taken, based in whole or in part on the information contained in the consumer report, you are entitled to receive a denial letter. The name, address and telephone number of Tenant Watch, and a summary of your rights under the Fair Credit Reporting Act will be included. You may contact tenant Watch for a copy of the consumer report.

**Authorization:** You hereby authorize and request, without any reservation, any present or former employer, landlord, police department, financial institution, consumer reporting agencies, credit bureaus or other persons or agencies having knowledge about you to furnish Tenant Watch with any and all background information in their possession regarding you, in order that your suitability as a potential tenant may be determined.

By signing below, you hereby authorize without reservation, any party or agency contacted by Tenant Watch to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

There will be a non-refundable \$25.00 fee, paid in advance for the 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

\_\_\_\_\_  
Date

