



Rental Application For Independent Living Waiting List

Complete all blanks or this application will not be processed.

Tenant's Name: _____ Birthdate: _____ SS#: _____ Sex: _____

Co-Tenant's Name: _____ Birthdate: _____ SS#: _____ Sex: _____

Home Phone Number: _____ Work Phone Number: _____

Present Address: _____ How Long? _____

Do you currently Own _____ Rent _____? Email Address: _____

If you rent, may we contact your current landlord? Yes _____ No _____

Landlord's name: _____ Phone #: _____

Other

- A. Are you or any other household member a current user or a convicted felon using, dealing, or manufacturing a controlled substance? (yes/ no) _____
- B. Do you currently have or have you had in the last five years a criminal action taken against you? (yes/ no) _____

If yes, please describe and name applicant or household member holding record. _____

Pets

Does your household have a pet? (yes/ no) _____

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE RELEASE OF ANY INFORMATION CONTAINED HERewith TO DETERMINE MY ELIGIBILITY FOR THIS HOUSING.

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature: _____ (Tenant) Date Signed: _____

Signature: _____ (CO-Tenant) Date Signed: _____

Application Fee: \$35.00 per person – Onetime fee / Non-Refundable (Payable to: Bethany Home)

Please return this application & check to **Bethany Home, Attn. Marilyn Spohn**
321 N. Chestnut,
Lindsborg, KS 67456
(785) 227-2334

For office use only: Date Received: _____