THE KAMSON CORPORATION

COMMUNITIES FOR BETTER LIVING

KAMSON ABERDEEN PROPERTIES, LLC

Phone Number: 605.824.9550
Fax: 605.824.9552
2011 3rd Ave SE Apartment 101-Rental Office
Aberdeen, SD 57401.

Application For Lease Must be completed in its entirety to be processed.

All verification services to be provided to Kamson Aberdeen Properties, LLC under terms of this agreement entered into with a licensed contracted consumer credit agency and the accuracy thereof shall be conditioned by the requirement that applicant and customer provide the following information as to the individual applicants below. Where inapplicable information is requested, mark N/A. Applicant and customer shall sign and date this document in appropriate space below prior to its submission to a licensed contracted consumer credit agency. Multiple applicants, including spouse, must complete and sign.

The undersigned hereby agrees to execute a lease, in the event of the approval if the rental application for apartment_____for the term of_____commencing on (approximately)_____at a monthly rate of $_____payable monthly in advance on the first day of each month.

Once the rental application has been approved and the applicant accepts an apartment, the applicant must submit a reservation fee in the amount of $100.00 to reserve an apartment. In addition, a security deposit, or a security deposit alternative (if qualified) must be paid upon signing of lease. All payments must be made using the company accepted payment methods. See leasing agent for instructions. No cash or money orders will be accepted. **Applicant agrees that if applicant fails to take possession of the premises, Landlord will retain as liquidated damages, the reservation fee and any other monies paid by applicant. Upon signing the lease, the first month's rent and/or pro-rated rent, security deposit, or security deposit alternative and any other fees must be paid in full before any apartment keys will be given out.**

The undersigned has read the foregoing and certifies that the facts set forth in the accompanying rental application are true and correct and that the rental application submitted for the purpose of inducing approval of the application in the undersigned's behalf. In the event that this application is not approved, the undersigned shall be entitled to have the return of the reservation fee made and no more, and all rights of the undersigned shall thereupon terminate and end absolutely. **The $25.00 per applicant fee for investigation of the undersigned's application is under no circumstances refundable. Landlord does not provide renter's insurance. It is mandatory that all residents purchase and maintain a tenant or renter's liability insurance policy at the sole expense of the resident for the length of their tenancy. At time of lease signing, new resident must provide a copy of the liability insurance policy.**

APPLICANT NAME_____**Date of birth**_____**SS#**_____
First Middle Last

CO-APPLICANT NAME_____**Date of birth**_____**SS#**_____
First Middle Last

App. Drivers Lic. No._____ State_____Co-App. Drivers Lic No._____State_____

Other Occupants:_____
Name SS# Age Relationship

_____
Name SS# Age Relationship

APPLICANT Home Phone#_____ Cell Phone#_____E-mail_____

Present Address_____
Street Apt# City State Zip

From:_____

Dates: To:_____
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. $ Loan#

Monthly Payment_____ Reason for moving_____

Have you ever been evicted from any leased premises?_____ If yes, explain _____

_____

_____

APPLICANT

Previous Address_____
Street Apt# City State Zip

Previous Apt. Name or Landlord_____
Address Phone How long?

Monthly Payment_____ Reason for moving_____

APPLICANT EMPLOYER_____Phone_____Position_____

Business Address_____
Street City State Zip

Supervisor_____ Employed since_____ Gross weekly salary_____

Previous Employer_____ Phone_____Position_____

Business address_____

Supervisor_____ Employed since _____ Gross weekly salary_____

Additional monthly income (if any)_____Source_____

CO-APPLICANT Home Phone#_____ Cell Phone#_____E-mail_____

Present Address_____
Street Apt# City State Zip

From:_____

Dates: To:_____
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. $ Loan#

Monthly Payment_____ Reason for moving_____

Have you ever been evicted from any leased premises?_____ If yes, explain _____

_____

_____

CO-APPLICANT

Previous Address_____
Street Apt# City State Zip

Previous Apt. Name or Landlord_____
Address Phone How long?

Monthly Payment_____ Reason for moving_____

CO-APPLICANT EMPLOYER_____Phone_____Position_____

Business Address_____
Street City State Zip

Supervisor_____ Employed since_____Gross weekly salary_____

Previous Employer_____ Phone_____Position_____

Supervisor_____ Employed since_____ Gross weekly salary_____

Business address_____

Additional monthly income (if any)_____ Source_____

BANKING INFORMATION

APPLICANT

Bank Name and Branch_____ ❑ Checking

Bank Name and Branch_____ ❑ Savings

CO-APPLICANT

Bank Name and Branch_____ ❑ Checking

Bank Name and Branch_____ ❑ Savings

CREDIT INFORMATION

APPLICANT

Name_____ Type_____ Acct. No._____ Mo. Payment_____ Open ❑ Closed ❑

Name_____ Type_____ Acct. No._____ Mo. Payment_____ Open ❑ Closed ❑

Name_____ Type_____ Acct. No._____ Mo. Payment_____ Open ❑ Closed ❑

CREDIT INFORMATION

CO-APPLICANT

Name_____ Type_____ Acct. No._____ Mo. Payment_____ Open ❑ Closed ❑

Name_____ Type_____ Acct. No._____ Mo. Payment_____ Open ❑ Closed ❑

Name_____ Type_____ Acct. No._____ Mo. Payment_____ Open ❑ Closed ❑

VEHICLE INFORMATION

Year & Make_____ Color_____ Tag No._____ State____ Registered to_____

Year & Make_____ Color_____ Tag No._____ State____ Registered to_____

OFFICIAL USE: LEASE INFORMATION

Beginning Date_____ Ending Date_____ Move in date_____

Size of Apt:_____ Monthly Rental_____ Yearly Rental_____

Pro rate_____ Reservation fee$_____

RENT$_____ SECURITY DEPOSIT$_____

I or we proclaim that all of the information provided in this rental application is true and accurate. In the event the information I or we have provided is found to be false, I or we understand that the application will be denied. In the event it is found that information provided in the application is false after I or we take possession of an apartment; I or we acknowledge that eviction proceedings will commence immediately, I or we authorize Kamson Aberdeen Properties, LLC to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental property owners, employers and personal references. Re-verification of preliminary findings is not required.

APPLICANTS SIGNATURE_____ Date_____

APPLICANTS SIGNATURE_____ Date_____

APPLICATION TAKEN BY_____ Date_____

APPLICATION DATE_____ UNIT TYPE_____ MONTHLY RENT$_____ MOVE IN DATE_____ AFTER 2PM_____

PET YES ❑ NO ❑ TYPE?_____