

573-443-1573 OFFICE, 573-808-2785 CELL

Please complete this application with all applicable details. If you are accepted as a tenant, this application will become part of the lease. If more than one tenant (other than minor children) will be occupying a unit, each must complete a separate application. By signing below, you represent that the information provided is true and complete, ***you authorize lessor to contact third parties to verify the information given, and you specifically authorize lessor to check on your credit through a credit-reporting agency.*** A non-refundable application fee of \$5.00 must be paid to cover the lessor's expenses in verifying the information you provide. If a space provided is too small, continue your answer on a separate sheet of paper and attach it to this application.

| | | | | | |
|---|--------------------|--|-----|--------------------------------|--|
| Name--First, Middle and Last: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Social Security No.: | | Driver's License No.: | |
| | | Birth date: | | D/L Issuing State: | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated _____ <input type="checkbox"/> Divorced _____ How long? How long? | | Current home phone: Cell phone number: E-Mail Address: | | | |
| LIST ALL PEOPLE WHO WILL RESIDE IN THE UNIT IN ADDITION TO THE APPLICANT: Address of Unit you are interested in Renting: | | | | | |
| Names | | Gender | Age | Relationship to Applicant | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Name of Applicant's Current Employer: | | Supervisor's Name: | | Supervisor's Phone Number: | |
| Position: | How long employed: | Salary/Wages: | | Payroll frequency: | |
| Name of Next Previous Employer: | How long employed: | Supervisor's Name: | | Supervisor's Phone Number: | |
| Name of Next Previous Employer: | How long employed: | Supervisor's Name: | | Supervisor's Phone Number: | |
| Your Present residence address: | | <input type="checkbox"/> Rent <input type="checkbox"/> Own | | How long at present residence: | |
| | | What is your monthly payment? | | | |
| If currently renting, name of landlord, If buying, name of lending institution: | | Landlord or Lending Institution Phone Number: | | | |
| In this block list all other residence addresses for the past 5 years: | | Landlord Name : | | Landlord Phone Number: | |

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|--|-----------------|--------------------|----------------------------------|-----------|
| List ALL animals that you wish to reside in the rental unit. | | | | |
| <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other - Describe | Animal Name(s): | Breed(s): | Weight(s): | Color(s): |
| Emergency Information: State the name(s), address and of your parent(s) or guardian(s). This should be someone who would know on a permanent basis how to contact you: | | | | |
| Name: | Address: | Telephone numbers: | State their relationship to you: | |
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| | | | | |
| Have you ever broken a lease agreement by moving before it expired? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details: | | | | |
| | | | | |
| Have you ever been evicted from any type of housing or sued for any reason by a former landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: | | | | |
| | | | | |
| Have you ever been arrested, charged or convicted of any crimes or violations of city ordinances ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below the date, type of offense, court and city or county in which charged, disposition of case, and any comments you deem relevant. | | | | |
| | | | | |
| How many vehicles would you keep at the leased premises? _____ For each vehicle, state the year, model, manufacturer, license plate number, and state of licensure. Also indicate if any vehicle has body damage, defective paint or leaking fluids. | | | | |
| | | | | |
| Bank reference—Name of Bank: | | Phone: | Checking Account No: | |
| | | Fax: | Savings Account No: | |
| In this block list all current monthly payments. | | | | |
| | | | | |
| In this block list stores or credit card companies with which you have had credit in the past five years. Include the company name, address, telephone number and account number. | | | | |
| | | | | |
| Applicant's Signature: | | | Date of Application: | |
| | | | | |
| Print Applicant's Name: | | | | |
| | | | | |
| By signing here, I specifically authorize the lessor to obtain a credit check on me through a credit reporting agency. | | | | |