<u>RENTAL APPLICATION</u>
(\$20 non-refundable processing fee is due at time of application)

Date of Application: Month		Day	Year	
Desired Move-in Date: Month		Day	Year	
Purchase Price \$	Down Payme	nt \$	Monthly Rent	\$
Tenant Information:				
NAME:(First)	(Middle)	(Last)	
Soc. Sec #:		Date of Birth:		
Cell Phone #:	E	mail:		
Address:		City:		
State:Zip:	Т	ime at Residenc	e:yrs	months
Monthly Housing Payment \$	R	lent□ Own□		
Landlord Name:			e #:	
Previous Address (*if less then 2 y	ears at present address)		NONE \Box
Address:		City:		
State:Zip:	Т	ime at Residenc	e:yrs	months
Monthly Housing Payment \$			-	
Landlord Name:			: #:	
Present Employer Information				
Company Name:				
Address:				
State: Zip:				
Supervisor Name:				
Salary \square Hourly \square Weekly \square	-	-	-	
Full Time□ Part Time□ C	Overtime \square	Monthly	Gross Income:\$_	
Other Income:\$				
				NONE
Previous Employer Informati	on (*if less then 2 year	ars at present job)		NONE \square
Company Name:			Position:	
Address:				
Date Started: MonthY	'ear I			
Supervisor Name:				
Salary \square Hourly \square Weekly \square	Bi-Weekly□	Monthly \square	Hourly Rate:\$_	
Full Time□ Part Time□ C	Overtime□	Monthly	Gross Income:\$_	
W W E EU ID I	0 V - V -	TC 1		
Have You Ever Filed Bankruptc	-		t month/year?	
Has It Been Discharged Yet?	Yes□ No□	II yes, wha	t month/year?	
Do You Receive/Pay Court Orde	ered Child Suppor	rt? Yes□ No□ (*if	yes-answer next applic	cable questions)
Receive:\$ Wee	ekly Monthly			
Pay:\$Wee	ekly Monthly			

Co-Tenant Information:		NONE \Box
_NAME:(First)	(Middle)	(Last)
Soc. Sec #:	Date of Birth:	
Cell Phone #:		
Address:	City:	
State:Zip:	Time at Residence:	yrsmonths
Monthly Housing Payment \$	Rent□ Own□	
Landlord Name:	Phone #:	
D		NONE
Previous Address (*if less then 2 years at pre		NONE \square
Address:	City:	
State:Zip:		yrsmonths
Monthly Housing Payment \$		
Landlord Name:	Phone #:	
Company Name:	City:Date Started: Month Phone#: Weekly□ Monthly□ Hour e□ Monthly Gross	Year ly Rate:\$ Income:\$
Previous Employer Information (*if le		NONE \square
Company Name:	Position Position	on:
Address:	City/State:	Zıp:
Date Started: MonthYear	Date Ended: Month	
Supervisor Name:		
Salary□ Hourly□ Weekly□ Bi-		=
Full Time□ Part Time□ Overtim	e□ Monthly Gross	Income:\$
1 0		h/year? h/year?
•	ld Support? Yes□ No□ (*if yes-ansv Monthly □ Monthly □	ver next applicable questions)

Names of all other persons to occ	cupy proper	ty:		
1	Age:	Relationship:		
2				
3				
4				
5	Age:	Relationship:		
Credit References: Tenant	-	Credit Refere		
(*Any monthly payments you make, eg: car pa	ayment, cell pho			
1		1.		
2.		2		
3.				
4		4.		
Does Applicant have the security If not, when can you have the total am				
Does Applicant have the first mo If not, when can you have the total am Some properties accept pets, on a c Does Applicant or Co-applicant	case by case	scenario. Yes□ No□		
If yes, please initial at the end of t additional \$100 pet fee deposit, as rent				
Does Applicant or Co-applicant of If yes, please initial at the end of the additional \$100 smoking fee per p	his line indi	cating you understa	and there wi	ll be an
I/We certify that the information pranswers or statements intentionally deposits made. Additionally, I/We a all information from any and all socreditors, landlords, employers, and lenders in an effort to obtain mortg	made will be authorize Dou arces includi I financial in	e sufficient grounds f ng St. Peters or Steve ng but not limited to stitutions and to shan	or eviction a St. Peters to credit reporte re said inform	nd/or loss of any o obtain any and rting agencies,
V			,	1
X Tenant Signature			ate	
Tenunt Dignature		D	ucc	
V			,	1
X Co-Tenant Signature			/ ate	
Co-Tenant Signature		D	ait	