RENTAL APPLICATION

Park Place Apartments
821 Hillsboro Road, Farmington, MO 63640
(573) 756-9600

Today's date: _____
Occupancy date desired: _____ Unit desired: _____ Number of bedrooms: _____
Number of people to occupy apartment: _____

Applicant's Personal Information

(All occupants age 18 and older must fill out an application)
Please PRINT all information

Applicant # 1
Last name: _____ First: _____ Middle: _____
Birth date: _____ Driver's license/ID number/state: _____
Social Security #: _____ E-mail address: _____
Home phone: _____ Cell phone: _____ Work: _____

Have you ever been evicted or sued for payment of rent? _____ if so, indicate when such action was taken, where, by whom, for what reason, and the outcome _____
_____
Have you ever broken a lease? _____ If yes, why? _____
Have you ever been asked to leave a rental unit? _____ If yes, why? _____
Have you ever been convicted of a felony? _____If yes, for what? _____
Do you give us permission to do a criminal background check? _____

Applicant # 2
Last name: _____ First: _____ Middle: _____
Birth date: _____ Driver's license/ID number/state: _____
Social Security #: _____ E-mail address: _____
Home phone: _____ Cell phone: _____ Work: _____

Have you ever been evicted or sued for payment of rent? _____ if so, indicate when such action was taken, where, by whom, for what reason, and the outcome _____
_____
Have you ever broken a lease? _____ If yes, why? _____
Have you ever been asked to leave a rental unit? _____ If yes, why? _____
Have you ever been convicted of a felony? _____If yes, for what? _____
Do you give us permission to do a criminal background check? _____

Residence History
Present address: _____
Dates lived at this address? _____ Own: _____ Rent: _____ Other: _____
Current phone: _____
Name of present landlord/owner/mortgage company: _____

Landlord's phone: _____ Monthly payment: _____
Reason for moving: _____ Is your rent/mtg. current? _____
Number of late payments? _____ Security deposit amount currently held by landlord? _____

Previous residence address: _____
Previous landlord: _____ Phone number: _____
Dates at this address: _____ Reason for moving: _____
Was your full security deposit returned? ____ # of late payments? ____ Monthly payment? _____

INCOME HISTORY

Applicant #1 Current employment status:
Full-time: _____ Part-time (less than 32 hrs.): _____ Student: _____ Retired: _____
Self-employed: _____ Unemployed: _____ Other: _____
Applicant employed by: _____ Supervisor's name: _____
Average weekly hours: _____ Length of employment? _____
Address: _____
Phone: _____ Position: _____ Gross Annual Salary: _____
If less than 1 year with present employer, give previous employment info: _____
_____

Applicant #2 Current employment status:
Full-time: _____ Part-time (less than 32 hrs.): _____ Student: _____ Retired: _____
Self-employed: _____ Unemployed: _____ Other: _____
Applicant employed by: _____ Supervisor's name: _____
Average weekly hours: _____ Length of employment? _____
Address: _____
Phone: _____ Position: _____ Gross Annual Salary: _____
If less than 1 year with present employer, give previous employment info: _____
_____

Additional Income (optional)
If there are additional, verifiable sources of income you would like considered, please list income source (self-employment, social security, benefit payments). Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional source # 1: _____ Amount: $ _____ Per: _____
Contact person: _____ Phone: _____
How long have you been receiving income from this source? _____
How long do you expect this income to continue? _____ Is there any reason it would stop? _____

Additional source # 2: _____ Amount: $ _____ Per: _____
Contact person: _____ Phone: _____
How long have you been receiving income from this source? _____
How long do you expect this income to continue? _____ Is there any reason it would stop? _____

Assets / Credits / Loans

Please note, only cars on application are authorized to be on premises.

Vehicle # 1 (make/model/color/year) _____
Plate number: _____ State: _____ Financed/leased through: _____
Contact & Phone number: _____
Acct. # _____ Monthly payment: _____ Are your payments current? _____

Vehicle # 2 (make/model/color/year) _____
Plate number: _____ State: _____ Financed/leased through: _____
Contact & Phone number: _____
Acct. # _____ Monthly payment: _____ Are your payments current? _____

List any other current monthly expenses?
Hospital payment: _____ Health insurance: _____ Auto insurance: _____
Renters insurance: _____ Child care: _____ Tuition: _____ Cable TV: _____
Other: _____ Amount: _____

Bank Reference
Name of Bank: _____ Phone: _____
Address: _____
Checking: _____ Savings#: _____
How long have accounts been active? Checking _____ Savings _____

Personal/Professional References

Character/personal reference:
Name: _____ Phone: _____
Address: _____
Relationship? _____ How long? _____

Professional reference (attorney, accountant):
Name: _____ Phone: _____
Address: _____
Relationship? _____ How long? _____

Name of nearest living relative:
Name: _____ Phone: _____
Address: _____
Relationship? _____ How long? _____

Other Info
Please list info of all other occupants:
Name: _____Age: _____Birth date: _____
Name: _____Age: _____Birth date: _____
Name: _____Age: _____Birth date: _____
Name: _____Age: _____Birth date: _____

If management has a question regarding this application, please furnish the best contact phone number. Daytime/contact person: _____ Night time/contact person: _____

EACH APPLICANT AGREES AND REPRESENTS THAT

A. The actual date of possession is subject to vacation of premises by prior tenant, if any, and completion of building, necessary repairs or remodeling.
B. The initial payment will be due and payable upon signing of the lease and will cover the period from the first day of the term through the remainder of that month: thereafter, all rental payments will be payable in advance on the first day of each month. *If 10 days or less are left in month then remainder of month and the next months rent will be due at signing.*
C. Upon approval of application, a deposit of $_____ will be held as security for the performance of the covenants of the lease and as a damage deposit.
D. Applicant(s) hereby authorize Lessor to procure a "consumer report" as defined in the fair credit reporting act, 15 U.S.C. 1681 A (D), seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living of applicant(s) tenders, in addition to any security deposit, in the amount of $_____ which applicant(s) acknowledges is the cost of procuring a consumer credit report, employment verification, character references and other administrative set-up costs. This fee in non-refundable.
E. Applicant(s) is not now renting any residence in a name other than listed above.
F. Applicant(s) agrees to sign a one year lease at a rental rate of $_____ monthly in the apartment unit know as 821 Hillsboro Road, Farmington, MO 63640.
G. Unit Lessor executes and tenders a lease to applicant(s), Lessor shall have the right to reject this applicant(s) for whatever reason.
H. The information on this form is to be used to determine maximum income of eligibility. By signing below applicant hereby represents all information in this application is true, complete, and hereby authorizes annual verification of information, references and credit history for continual rental consideration or for collection purposes should that become necessary

Signature: _____ Date: _____

Signature: _____ Date: _____