

# APPLICATION FOR CORPORATE GUARANTY

The undersigned Corporate Guaranty hereby applies for and offers to execute a Lease as provided by VALUE ST LOUIS PROPERTIES, INC. (hereinafter Lessor). The undersigned Corporate Guaranty warrants that the statements contained herein are true. The purpose of this application is to assist Lessor in deciding whether to rent to Corporate Guaranty. Receipt of this application by Lessor does not obligate Lessor to deliver occupancy of any apartment.

UNIT DESIRED \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_\_

(Please Print)

COMPANY NAME \_\_\_\_\_

OFFICER NAME \_\_\_\_\_ POSITION \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
BUSINESS OFFICER BUSINESS E-MAIL

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

## PERSONS TO OCCUPY APARTMENT

Name	Birth Date (required information)
_____	_____
_____	_____
_____	_____

DO YOU OWN ANY PETS:  YES  NO If Yes, Type \_\_\_\_\_ Lbs. \_\_\_\_\_

## OCCUPANT INFORMATION:

NAME \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

TELEPHONE #'s \_\_\_\_\_

AUTOMOBILES OWNED \_\_\_\_\_  
LICENSE # STATE MAKE YEAR

ARE THERE ANY OCCUPANTS WHO SMOKE? YES \_\_\_\_\_ NO \_\_\_\_\_

## INDIVIDUAL EXECUTING CORPORATE GUARANTY INFORMATION:

NAME \_\_\_\_\_ COMPANY POSITION \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

TELEPHONE # s \_\_\_\_\_

Trade Reference #1

Trade Reference #2

Trade Reference #3

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 necessary repairs or remodeling.
- B. The initial payment will be due and payable upon the 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 due and payable in advance on the **FIRST DAY** of each month.
- C. If required, applicant hereby authorizes Lessor to procure a D&B or Business Credit Report. Applicant tenders to Lessor the amount of \$ \_\_\_\_\_ for the cost of procuring both report and other administrative set-up costs. This fee is non-refundable.
- D. Applicant agrees to sign a \_\_\_\_\_ year lease commencing \_\_\_\_\_, 20\_\_\_\_ at a rental rate of \$ \_\_\_\_\_ monthly in the apartment unit number known as: \_\_\_\_\_.
- E. Until Lessor executes and tenders a lease to applicant(s), Lessor shall have the right to reject this applicant(s) for whatever reason.

SIGNATURE OF INDIVIDUAL EXECUTING THE CORPORATE GUARANTY:

DATE:

\_\_\_\_\_

\_\_\_\_\_

Application Taken By: \_\_\_\_\_ Application Approved By: \_\_\_\_\_

Application Rejected By: \_\_\_\_\_ Reason: \_\_\_\_\_

DATE OF LEASE: \_\_\_\_\_

AMOUNT DUE ON MOVE-IN: Rent: \_\_\_\_\_

Security Deposit: \_\_\_\_\_

Pet Deposit: \_\_\_\_\_

TOTAL: \_\_\_\_\_

ANY ATTEMPT TO MODIFY OR OMIT ANY PORTION OF THIS APPLICATION WILL RENDER IT NULL AND VOID.



## EMPLOYMENT INQUIRY

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

RE: \_\_\_\_\_

The above individual has applied for an apartment at Mansion House, and with his/her signature has given you written authorization to release information to us regarding his/her employment with your company. Please complete this form and return it as soon as possible in the enclosed, self-addressed envelope or by fax at (314) 231-6209.

If you have any questions regarding this inquiry, please do not hesitate to call.

Thank you for your assistance.

Sincerely,  
Mansion House Apartments  
Leasing Representative

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I, \_\_\_\_\_ hereby authorize you to release any information requested to Mansion House Apartments, regarding my employment. I have represented to Mansion House that my gross monthly salary is \$ \_\_\_\_\_.

Please verify the following information:

Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Income per month: \_\_\_\_\_

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_



## REQUEST FOR PRIOR RESIDENT INFORMATION

The undersigned has given your name as a prior residence reference and has authorized the disclosure of the requested information. We would greatly appreciate if you would take the time to fill out this simple questionnaire regarding this applicant(s). Thank you in advance for your prompt response.

Applicant(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Dates of Residency: \_\_\_\_\_

Rental Amount: \_\_\_\_\_

Did They Pay in a Timely Fashion?:  Yes  No

If No, How Many Times Late?: \_\_\_\_\_

Any NSF Payments?:  Yes  No

How Many?: \_\_\_\_\_

Did the Resident Give Proper Notice?:  Yes  No

Would You Rent to this Resident Again?:  Yes  No

If No, Please State Why: \_\_\_\_\_

Applicant(s) \_\_\_\_\_

Signature \_\_\_\_\_

Information Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_ Position: \_\_\_\_\_  
(Signature)