## APPLICATION FOR RESIDENCY

The undersigned applicant(s) hereby applies for and offers to execute a Lease as provided by VALUE ST. LOUIS PROPERTIES, INC. (hereinafter Lessor). The undersigned applicant(s) warrants that the statements contained herein are true.

The purpose of this application is to assist Lessor in deciding whether to rent to applicant(s). Receipt of this application by Lessor does not obligate Lessor to deliver occupancy of any apartment.

UNIT DESIRED			Date		, 20
(Please Print)					
NAME I)			//_ Social Sec. #		
NAME 2)			// Social Sec. #		
TELEPHONE					
	НОМЕ	BUSIN	JESS		E-MAIL
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	LENGTH OF RESIDENCY
A) DDCCCNTI ANDIODO			J5		
A) PRESENT LANDLORD	NAME	APT. COMMUNITY	PHONE		RENT PAID
B) HOME MORTGAGE					
	MORTGAGER	ADDRESS	TERM		MO. PAYMENT
PREVIOUS ADDRESS					
	STREET	CITY	STATE	ZIP	LENGTH OF RESIDENCY
PREVIOUS LANDLORD	NAME	APT. COMMUNITY	PHONE		RENT PAID
DO YOU OWN ANY PETS:	□ VES □ NO	If Yes, Type		Lhe	
DO TOO OWN ANT TETS.	(1)	n res, type		(2)	
PRESENT EMPLOYER	• •		PRESENT EMPLOYER		
ADDRESS			ADDRESS		
DATES OF EMPLOYMENT _			DATES OF EMPLOYMENT _		
POSITION			POSITION		
NAME OF SUPERVISOR			NAME OF SUPERVISOR		
TELEPHONE			TELEPHONE		
GROSS MONTHLY INCOME			GROSS MONTHLY INCOME		
DRIVERS LICENSE#/STATE			DRIVERS LICENSE#/STATE		
AUTOMOBILES					
OWNED	LICENSE #	STATE	MAKE		YEAR
	LICENSE #	STATE	MAKE		YEAR
PREVIOUS EMPLOYER			PREVIOUS EMPLOYER		
ADDRESS	PHONE		ADDRESS		PHONE

	ANCIAL REFERENCE:							
BAN	IK			CHECKINGSAVINGS				
BAN	IK		ACCOUNT#	CHECKING SAVINGS				
HAV WHE	/E YOU EVER BEEN EVICTED OR SU ERE (CITY AND STREET ADDRESS),	JED FOR PAYMENT OF BY WHOM, FOR WHAT	RENT OR DUE TO LEASE VIOLATION?  REASON AND THE OUTCOME OF THE ACTION OF	IF YES, INIDICATE WHEN SUCH ACTION WAS TAKEN, ON.				
	/E YOU EVER BEEN CONVICTED OF TE), BY WHOM, FOR WHAT REASO			CATE WHEN SUCH ACTION WAS TAKEN, WHERE (CITY AND				
DO Y	OU SMOKE? APPLICANT 1: YES_	NO API	PLICANT 2 : YES NO					
	ME AND ADDRESS OF NEAREST REI							
NAME								
NAN	ME	ADDRESS		PHONE				
EAG	CH APPLICANT AGREES AND	REPRESENTS THA	T:					
A.	The actual date of possession i	is subject to vacation	of premises by prior tenant, if any, and con	mpletion of necessary repairs or remodeling.				
B.	The initial payment will be due of that month. Thereafter all re	he 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 that month. Thereafter all rental payments will be due and payable in advance on the FIRST DAY of each month.						
C.	A deposit of \$ is reperformance of the covenants of	made herewith. If the of the lease and as a d	application is approved said deposit will amage deposit. The full security deposit v	ed said deposit will be held, without interest, as (partial, full) security for the full security deposit will be \$				
		n that applicant(s) no longer wishes to rent an apartmen f, the applicant withdraws his/her application for tenance application.						
D.	Applicant(s) hereby authorizes Lessor to procure a "criminal report" and "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, mode of living of applicant(s). Applicant(s) tenders, in addition to any security deposit, the amount of \$ which applicant(acknowledges is the cost of procuring a criminal report, consumer credit report, employment verification, character references and other administrative set-up costs. This fee is non-refundable.							
E.	Applicant(s) is not now renting	g any residence in a n	ame other than that listed above, nor used	any other name within the last five years.				
F.	If approved, applicant(s) agrees to sign a		year lease commencing	, 20 at a rental rate of				
	\$ monthly in the apartment unit		ent unit number known as:	·				
SIG	NATURES OF APPLICANT(S)		DATE					
Арр	lication Taken By:		Application Approved By:					
			Reason:					
	TE OF LEASE:							
AMOUNT DUE ON MOVE-IN:								
ANIOUNT DUE ON MICHELIN.								
		• —						
		IOIAL:						

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							
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 \$							
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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:							
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:							
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:							
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:							



## 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:			
Dates of Residency: _			
Rental Amount:			
Did They Pay in a Timely	Fashion?: ☐ Yes ☐ No		
If No, How Many Times Lo	ate?:		
Any NSF Payments?: □ \	'es □ No		
How Many?:			
Did the Resident Give Pro	oper Notice?: 🗆 Yes 🗆 No		
Would You Rent to this R	esident Again?: 🗆 Yes 🗆 No		
If No, Please State Why:_			
Applicant(s) Signature			
Information Verified by:	(Print Name)	_ Date:	
	(Signature)	Position:	