

ACTIVE MILITARY 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 1) _____ Birthdate ____/____/____ Social Sec. # _____
MO. DAY YR.

NAME 2) _____ Birthdate ____/____/____ Social Sec. # _____
MO. DAY YR.

TELEPHONE _____
HOME BUSINESS E-MAIL

PRESENT ADDRESS _____
STREET CITY STATE ZIP LENGTH OF RESIDENCY

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

OTHER PERSONS TO OCCUPY APARTMENT

Name	Birthdate
_____	_____
_____	_____
_____	_____

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

(1)

(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 _____

FINANCIAL REFERENCE:

BANK _____ ACCOUNT# _____ CHECKING SAVINGS

BANK _____ ACCOUNT# _____ CHECKING SAVINGS

HAVE YOU EVER BEEN EVICTED OR SUED FOR PAYMENT OF RENT OR DUE TO LEASE VIOLATION? _____ IF YES, INDICATE WHEN SUCH ACTION WAS TAKEN, WHERE (CITY AND STREET ADDRESS), BY WHOM, FOR WHAT REASON AND THE OUTCOME OF THE ACTION.

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLEAD GUILTY TO A CRIME? _____ IF YES, INDICATE WHEN SUCH ACTION WAS TAKEN, WHERE (CITY AND STATE), BY WHOM, FOR WHAT REASON AND THE OUTCOME OF THE ACTION.

DO YOU SMOKE? APPLICANT 1: YES _____ NO _____ APPLICANT 2 : YES _____ NO _____

NAME AND ADDRESS OF NEAREST RELATIVE

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

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. A deposit of \$ _____ is made herewith as payment of good faith. If the application is approved said deposit will be applied as payment towards the first month's rent..

If the applicant(s) notifies the Lessor within 72 hours after the execution of this application that applicant(s) no longer wishes to rent an apartment, Lessor agrees to return said good faith dollars in full. Lessor reserves the right to retain the good faith dollars if, the applicant withdraws his/her application for tenancy after the time limit set out in the previous sentence or applicant has falsified information on the 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, or mode of living of applicant(s). Applicant(s) tenders, in addition to any security deposit, the amount of \$ _____ which applicant(s) 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 any residence in a name 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 number known as: _____.

SIGNATURES OF APPLICANT(S)

DATE

Application Taken By: _____ Application Approved By: _____

Application Rejected By: _____ Reason: _____

DATE OF LEASE: _____

AMOUNT DUE ON MOVE-IN: Rent: _____

Deposit: _____

Pet Deposit: _____

TOTAL: _____



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 \$ _____.

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: _____

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)