

RENTAL  
APPLICATION

investment • property mgt • real estate services

RENTALS - STL

314.565.2679

**Applicant's Full Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Current Address \_\_\_\_\_

Length of Residency At Current Address: From \_\_\_\_\_ To \_\_\_\_\_

Owner or Management Company \_\_\_\_\_ Phone \_\_\_\_\_

Previous Home Address \_\_\_\_\_

Current Employer Phone \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Date of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Date of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_

**Co-Applicants Full Name** \_\_\_\_\_

Co-Applicants Current Address \_\_\_\_\_ Length at Address \_\_\_\_\_

Owner or Management Company \_\_\_\_\_ Phone \_\_\_\_\_

Co-Applicants Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Nearest Relative Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Age \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Age \_\_\_\_\_

Pet Breed \_\_\_\_\_ Weight \_\_\_\_\_

Vehicle Make (1) \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make (2) \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Bank Institution's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Type of Bank Account \_\_\_\_\_ Account # \_\_\_\_\_

Credit References: (1) \_\_\_\_\_

Credit References: (2) \_\_\_\_\_

Applicant(s) hereby authorize RENTALS - STL to contact individual(s) and/or agencies for the purpose of confirming occupancy, credit reporting, or obtaining any information deemed necessary by RENTALS - STL to determine applicant's eligibility for tenancy.

I (we) assume personal responsibility for and guarantee payment of all sums due to RENTALS - STL by the applicant above listed, including collection and attorney's fees, should it become necessary to place the account for collection.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_