



Missouri Rental Application for Residents and Occupants

Each co-applicant and each occupant 18 years old and over must submit a separate application. Spouses may submit a single application.



Date when filled out: _____

ABOUT YOU Full name (exactly as on driver's license or govt. ID card) _____ Your street address (as shown on your driver's license or govt. ID card) _____ Driver's License # and state: _____ OR govt. phot ID card #: _____ Former last names (maiden & married): _____ Your Social Security #: _____ Birthdate: _____ Height: _____ Weight: _____ Sex: _____ Eye color: _____ Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> separated Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you or any occupant have an animal? <input type="checkbox"/> Yes <input type="checkbox"/> No Kind, weight, breed, age: _____	YOUR RENTAL / CRIMINAL HISTORY Check only if applicable. Have you, your spouse, or any occupant listed in this Application ever: <input type="checkbox"/> been evicted or asked to move out? <input type="checkbox"/> moved out of a dwelling before the end of the lease term without the owner's consent? <input type="checkbox"/> declared bankruptcy? No applicant (occupant or lease holder) may have been indicted, arraigned, convicted, or had adjudication deferred when the crime is a felony related to property, violent and sexual offenses against persons or illegal drug activity to include manufacturing, possession, and sale. All other criminal activity will be evaluated. We may need to discuss more facts before making a decision. You represent the answer as "no" to any item not checked above.
Current home address (where you live now): _____ City / State/ Zip: _____ Home / cell phone: (_____) _____ Current rent: \$ _____ Email address: _____ Name of apartment where you now live: _____ Current owner or manager's name: _____ Their phone: _____ Date moved in: _____ Why are you leaving your current residence? _____	YOUR SPOUSE Full Name: _____ Former last names (maiden & married): _____ Spouse's Social Security #: _____ Driver's license # and state: _____ OR govt. photo ID card # and state: _____ Birthdate: _____ Height: _____ Weight: _____ Sex: _____ Eye color: _____ Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Present employer: _____ Address: _____
Your previous home address: _____ City / State/ Zip: _____ Apartment name: _____ Name of above owner or manager: _____ Their phone: _____ Previous monthly rent: \$ _____ Date you moved in: _____ Date you moved out: _____	City / State/ Zip: _____ Work phone: (_____) _____ Position: _____ Date of Hire: _____ Gross Annual Income: \$ _____ Supervisor's name and phone: _____
YOUR WORK Present employer: _____ Address: _____ City / State/ Zip: _____ Work phone: (_____) _____ Position: _____ Gross Annual Income: \$ _____ Date of Hire: _____ Supervisor's name and phone: _____	OTHER OCCUPANTS Names of all persons under 18 and all other adults who will occupy the unit without being a leaseholder Name: _____ Relationship: _____ Sex: _____ DL or govt. ID card # and state: _____ Birthdate: _____ Social Security #: _____ Name: _____ Relationship: _____ Sex: _____ DL or govt. ID card # and state: _____ Birthdate: _____ Social Security #: _____ Name: _____ Relationship: _____ Sex: _____ DL or govt. ID card # and state: _____ Birthdate: _____ Social Security #: _____
Previous employer: _____ Address: _____ City / State/ Zip: _____ Work phone: (_____) _____ Position: _____ Gross Annual Income: _____ Dates you began and ended this job: _____ Previous Supervisor's name and phone: _____	YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc) Make & Color of vehicle: _____ Year: _____ License #: _____ State: _____ Make & Color of vehicle: _____ Year: _____ License #: _____ State: _____ Make & Color of vehicle: _____ Year: _____ License #: _____ State: _____
YOUR CREDIT HISTORY Bank Name, City, State: _____ List major credit cards: _____ Other non-work income you wanted considered. Please explain: _____ Past credit problems you want to explain: _____	EMERGENCY Emergency contact person over 18, who will not be living with you: Name: _____ Address: _____ City / State/ Zip: _____ Work phone: (_____) _____ Home phone: (_____) _____ Relationship: _____
WHY YOU APPLIED HERE Were you referred? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom: _____ Name of locator or rental agency: _____ Name of individual locator or agent: _____ Name of friend or other person: _____ Did you find us on your own? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in information below: <input type="checkbox"/> On the Internet <input type="checkbox"/> Stopped by <input type="checkbox"/> Newspaper (name): _____ <input type="checkbox"/> Rental publication: _____ <input type="checkbox"/> Other: _____	AUTHORIZATION I or we authorize (owner's name) _____ _____ to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application. Applicant's signature: _____ Spouse's signature: _____
FOR OFFICE USE ONLY: Application Fee Paid: \$ _____ Floor Plan: _____ Admin Fee Paid: \$ _____ Address: _____ Deposit Paid: \$ _____ M/I Date: _____ Lease Term: _____	

