

RMS Rent Application

(EACH ADULT MUST COMPLETE A SEPARATE APPLICATION FORM)

Personal Information

Last Name _____ First _____ Middle Name _____

Social Security Number _____ Email Address _____

Driver's License No _____ State _____ Date of Birth _____

Home Phone Number _____ Cell Phone Number _____

Occupancy Information

(all blanks are required)

Current Home Address: _____ Length of Time _____

City _____ State _____ Zip _____ Landlord Phone _____

Landlord Name _____ Reasons for Moving _____

Previous Address: _____ Length of Time _____

City _____ State _____ Zip _____ Landlord Phone _____

Landlord Name _____ Reasons for Moving _____

Next Previous Address: _____ Length of Time _____

City _____ State _____ Zip _____ Landlord Phone _____

Landlord Name _____ Reasons for Moving _____

Proposed Occupants: (DESCRIBE EACH AND EVERY PERSON WHO WILL OCCUPY THE PREMISES)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Will you have any pets? _____ if Yes, please describe _____

Do you smoke? _____ If Yes, Do you realize that all of our rentals are smoke free? _____

Will you have any liquid filled furniture? _____ If Yes, describe _____

Have you ever been evicted or asked to move? _____ if Yes, describe _____

Employment & Financial Information

Present Occupation _____ Employer Name _____

Employer Address _____

Name of Supervisor _____ Phone Number _____ How long? _____

Prior Occupation _____ Employer Name _____

Employer Address _____

Name of Supervisor _____ Phone Number _____ How long? _____

Next Prior Occupation _____ Employer Name _____

Employer Address _____

Name of Supervisor _____ Phone Number _____ How long? _____

Current Gross Income \$ _____ PER Week, Month, Year

Name of your Bank _____ Account Number _____ Checking or Savings

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Please list ALL of your Financial Obligations:

Name of Creditor	Address	Phone Number	Monthly Pmt Amt
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Have you ever filed for bankruptcy? _____ if Yes, Date Filed _____

Describe: _____

Have you ever been convicted of a Felony? _____ if Yes, Describe: _____

Emergency / Personal Reference Information

In case of Emergency Notify:

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

3. _____ Phone _____ Relationship _____

Personal References:

Name	Address	Phone Number	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vehicle Information: (Please state exact number of motor vehicles that will be at the premises)

Vehicle Make _____ Model _____ Year _____ License No _____

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Applicant Authorization

Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining a credit report, criminal report, reports from prior landlords and agrees to furnish additional credit references upon request. Landlord/Agent received a payment of \$30.00 which will be used to verify Applicant's credit history and other background information. The Applicant authorizes prior landlords, owners, agents and other persons to release personal information in connection with their rental activity. The undersigned makes application to rent housing accommodations designed as:

Address of: _____, Fulton, Missouri 65251

The rental for which is \$ _____ per month and upon approval of this application agrees to sign a rental agreement and to pay all sums due, including required deposits, before occupancy.

Signature of Applicant

Date

Mail Application to: RMS, PO Box 1312, Columbia, Missouri 65205-1312. Questions Call 573-355-5272