Brent and Pat Jones

Office: 573-268-6628 * Email: group@TheJonesCompany.net * Web Address: www.TheJonesCompany.net

RENTAL APPLICATION (*Black Ink Required)

(Submission and approval of this application does not finalize the rental of the property until the lease is fully executed, and the security deposit has been received by the landlord)

TODAY'S DATE:			ANTICIPATED LEASE START DATE:					
PROPER	TY ADDI	RESS:_						
PERSON	AL DETA	AILS: (All occup	pants 18	yrs and older n	nust fill out sep	parate applicat	ions)
Name (Fir	st, MI, Las	st, Maic	den)					
Present A	ddress				City	Sta	ateZip	
Date of Birth				Socia	l Security #			
Driver's L	icense Nu	mber &	State Iss	sued				
							(Home)	
						who?		
The you u	staacht		n ilo,	willen se			Level	
(DENIA NIC	1 x 7							
TENANC Total Num		cunant	s Who W	ill Ba I i	ving In The Dr	operty:		
						Relatio		
Name			Gend	ler	Age	Relatio	nship	
Name			Gend	ler	Age	Relatio	nship	
		**						0
			•		-	ed at the prem	ises; indicate i	t any
	•	0 /			leaking fluids)			
						License#		
Make	Mod	eı		r ear	Color	License#		
PETS: Y	ES N	Ю	(If yes,	how lon	g has it lived w	vith you:)
					r any period of			
			-	•	V 1	Declawed	Name:	
			_			Declawed		

APPLICANT'S EMPLOYMENT:

Employer at time of Lease Comme	ncement:		
Occupation:			
Address:	City:	State:	Zip:_
Supervisor Name/Title:			
Start Date:	Monthly Income:		
Previous Employer:	Occupation:		
Address:	City:	State:	Zip:_
Supervisor Name/Title:			
Start Date:			
Monthly Income:			
PLEASE LIST ALL OTHER SO	URCES & AMOUNTS OF INC	OME:	
#1 – PRESENT ADDRESS:			Apt#
Street:City:	State	7in.	_1 1 ρι π
Move-In Date:			
Landlord Name:			
Landlord Address:			
Reason For Leaving:			
Reason For Leaving: Monthly Rent: \$	Lease Fulfilled?		
Wontiny κent. φ	Lease Fullined:		
#2 – PRIOR ADDRESS:			
Street:		<i>P</i>	Apt #
City:	State:	Zip:	
Move-In Date:	Move-Out Date:		
Landlord Name:	Landlord Phone:_		
Landlord Address:			
Reason For Leaving:			
Monthly Rent: \$	Lease Fulfilled?		
#3 – PRIOR ADDRESS:			
Street:			Apt#
City:			
Move-In Date:			
Landlord Name:			
Landlord Address:			
Reason For Leaving:			
Monthly Rent: \$	Lease Fulfilled?		

NOTE: If you owned at any of the above addresses, please fill out mortgage information in lieu of landlord information, mortgage amount, and if home has been sold.

PERSONAL REFERENCE			
Name	Relationship		
Name	Relationship	Phone	
EMERGENCY CONTAC	CT:		
		Phone	
Address	Relationship City	State_	Zip
1	ions with minimum monthly pay		
 (2) received deferred adjude (4) refused to pay rent whe sued by a landlord or morts APPLICATION CHECK ❖ Completed Applica 	tion Form using Black Ink (1 for pplication Fee payable to BREN	B) declared bankrupt e? (r each adult occupar	cy?6) been evicted or
all questions have been answer may be taken to "The Jones Co Center Office Building, 302 Ca	CTIONS: answer any question, attach extra paged legibly and all above-listed items had mpany Real Estate Drop-Box" located mpusview Drive, Columbia, MO, 6520 oup@TheJonesCompany.net to ensur	ave been submitted. Co d outside the front door 01. Please call/text 573	mpleted form and fee of <u>The Seven Oaks</u>
complete. Applicant hereb in this application, includir fitness as a tenant, includin false information, or found Landlord is entitled to reject	icant declares that all statements by authorizes Landlord or their day all information or opinions congrunning a credit/criminal report to be unworthy as a tenant in the the application, and retain all apenses in processing this applicate part of the lease.	esignee to verify all incerning credit worker. If any applicant is e opinion of the Lanapplication fees as li	of the information thiness and/or has given any idlord, the quidated damages
Signature		Date	

Print Name