



P.O. BOX 220023
ST. LOUIS, MO 63122
314-704-7609

Rental Application

Today's date: _____

Date of anticipated move-in: _____

Property address (if known): _____

Application Fee: \$50

APPLICANT

Full name of applicant (including middle name): _____

Present address: Street: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Previous address: Street: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Phone #: (home) _____ (work) _____

Date of Birth: _____ Social Security #: _____ Driver's License #: _____

APPLICANT'S EMPLOYMENT

Name of present employer: _____ Address: _____

Position: _____ Length of time at that position: _____ Monthly income: \$ _____

Supervisor's name: _____ Phone: _____

Name of previous employer: _____ Address: _____

Position: _____ Length of time at that position: _____ Monthly income: \$ _____

Supervisor's name: _____ Phone: _____

Other sources of income: 1. _____ 2. _____

SPOUSE / PARTNER

Full name of spouse: _____ Phone #: (home) _____ (work) _____

Present address: Street: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security #: _____ Driver's License #: _____

SPOUSE / PARTNER'S EMPLOYMENT

Name of present employer: _____ Address: _____

Position: _____ Length of time at that position: _____ Monthly income: \$ _____

Supervisor's name: _____ Phone: _____

Name of previous employer: _____ Address: _____

Position: _____ Length of time at that position: _____ Monthly income: \$ _____

Supervisor's name: _____ Phone: _____

Other sources of income: 1. _____ 2. _____

PRESENT LANDLORD OR MORTGAGE COMPANY

Present Landlord or mortgage company name: _____

Phone #: (home) _____ (work) _____

Monthly rent or mortgage payment: \$ _____ Date of move-in: _____ Date of move-out: _____

PREVIOUS LANDLORD

Previous Landlord: _____ Phone #: (home) _____ (work) _____

PERSONAL REFERENCES

1. Name: _____ Phone #: (home) _____ (work) _____

Address: _____

2. Name: _____ Phone #: (home) _____ (work) _____

Address: _____

EMERGENCY

In case of emergency, contact: _____ Relationship: _____

Phone #: (home) _____ (work) _____ Address: _____

OCCUPANTS

List all occupants: _____

PETS

List all pets: (type) _____ (breed) _____ (weight) _____ (age) _____

(type) _____ (breed) _____ (weight) _____ (age) _____

VEHICLES

List vehicles to be parked at premises: _____

CREDIT/CRIMINAL HISTORY

Bank name: _____ Address: _____

Savings account #: _____ Checking account #: _____

List all credit obligations with minimum monthly payment:: _____

Have any of the occupants listed above ever: been convicted of a felony? _____ Received deferred adjudication for a felony? _____ Been evicted? _____ Broken a lease? _____ Declared bankruptcy? _____

The above listed applicant declares that all statements made in this application are true and complete. Applicant hereby authorizes the STL Rentals, LLC to verify all of the information in this application and obtain credit report(s) on the above listed applicant and/or applicants. If applicant or applicant's spouse has given any false information Landlord is entitled to reject application, retain all application fees as liquidated damages for Landlord's time and expenses in processing this application. Applicant shall give Landlord a non refundable application fee in the amount of \$50.

Signature of Applicant(s)* _____

Date _____

*If application is being submitted electronically, please sign with a verified, authorized electronic signature service such as DocuSign