## NEWMAN ENTERPRISES

Springfield, MO nick@newman-ent.com www.newman-ent.com

(417) 861-4049 Fax (417) 868-8014 (9/2018)

## **Rental Application**

| Address & apartment applying for:  |   |   |           |
|--|---|---|-----------|
| APPLICATION INFORMATION  |   |   |           |
| Applicant One: Full Name (first, middle, last):  |   | Phone #                                 | :         |
| Soc. Sec. #:   |   |   |           |
| Applicant Two: Full Name (first, middle, last):  |   | Phone #:_                               |           |
| Soc. Sec. #:   | Date of Birth:  | Marital Status:                         |           |
| Names, Social Security #'s and ages of   | persons, other than applicants, to oc                   | ecupy the rental unit:                  |           |
| 1. Name  | Soc. Sec. #   |   | _ Age     |
| 2. Name  | Soc. Sec. #   |   | _ Age     |
| 3. Name  | Soc. Sec. #   |   | _ Age     |
| RENTAL HISTORY FOR ALL APP   | <u>LICANTS</u>  |   |           |
| Present address, including apartment or room Names other than your own on the lease: Name of landlord (or resident advisor in dor Phone # of landlord or R.A Why are you moving? | rm, sorority, or fraternity): How long have you lived a | at this address? Since                  |           |
| +++++++++++++++++++++++++++++++++++++++  |   |   | -+++++++  |
| Present address, including apartment or room   | m number, if applicable:                                |   |           |
| Names other than your own on the lease:  |   |   |           |
| Name of landlord (or resident advisor in dor   | rm, sorority, or fraternity):                           |   |           |
| Phone # of landlord or R.A.  |   |   |           |
| Why are you moving?  |   |   |           |
| +++++++++++++++++++++++++++++++++++++++  | +++++++++++++++++++++++++++++++++++++++                 | +++++++++++++++++++++++++++++++++++++++ | -++++++++ |
| Have you ever been evicted? Yes No   | If yes, give the following inform                       | nation:                                 |           |
| Date of eviction: Nam  | e of landlord   | Phone # of landlord                     |           |
| Address of property you were evicted from,   | including apartment number if applical                  | ble:                                    |           |
| Why were you evicted?  |   |   |           |

## **EMPLOYMENT / INCOME INFORMATION**

| Application One:                                 |   |                       |         |  |  |  |
|--|---|-----------------------|---------|--|--|--|
| Where are you currently employed?                | Positi  | Position              |         |  |  |  |
| Amount of monthly take home pay                  | How long have you worked there?   | Since                 | (mo/yr  |  |  |  |
| Name of supervisor                               | Phone # of supervisor   | or                    |         |  |  |  |
| If worked at this job less than 1 year, give pre | evious employer, phone #, and contact person  |                       |         |  |  |  |
| +++++++++++++++++++++++++++++++++++++++          | +++++++++++++++++++++++++++++++++++++++   | ++++++++++            | ++++++  |  |  |  |
| Application Two:                                 |   |                       |         |  |  |  |
| Where are you currently employed?                | Positi  | ion                   |         |  |  |  |
| Amount of monthly take home pay                  | How long have you worked there?   | Since                 | (mo/yr  |  |  |  |
| Name of supervisor                               | Phone # of supervisor   | Phone # of supervisor |         |  |  |  |
| If worked at this job less than 1 year, give pre | evious employer, phone #, and contact person  |                       |         |  |  |  |
| +++++++++++++++++++++++++++++++++++++++          | +++++++++++++++++++++++++++++++++++++++   | +++++++               | +++++++ |  |  |  |
| List source and amount of any other monthly      | take-home income below.   |                       |         |  |  |  |
| Source Amount                                    |   |                       |         |  |  |  |
|  | ON PER APPLICANT AND PER VEHICLE parking on the premises, give the following inform | nation                |         |  |  |  |
|  | License #   |                       |         |  |  |  |
|  |   |                       |         |  |  |  |
|  | Name of Insurance Ag  |                       |         |  |  |  |
|  | parking on the premises, give the following inform                                  |                       |         |  |  |  |
|  | License #   |                       |         |  |  |  |
| • •  | Name of Insurance Ag  |                       |         |  |  |  |
| +++++++++++++++++++++++++++++++++++++++          | +++++++++++++++++++++++++++++++++++++++   | ++++++++++++          | +++++++ |  |  |  |
| The undersigned agrees to the release of any/    | all information from employers, creditors, and landle                               | ords/lessors both p   | ast and |  |  |  |
| current for the purpose of determining suitabi   | llity of tenancy, and further agree to hold said parties                            | and agents harmle     | ess.    |  |  |  |
| Applicant's Signature                            | Date  |                       |         |  |  |  |
| **Please note the following reasons that your    | application will be decline** Please Re   | eturn To:             |         |  |  |  |

- \*\*Please note the following reasons that your application will be decline.
- -Unable to verify prior landlord
- -Poor prior landlord reference
- -Sex offense or violent felony within the last 5 years
- -Drug related felony within the last 5 years
- -Unable to verify income and /or employment
- -Unit too small for family size / too many unrelated in party
- -Lying or falsifying application

Please Return To: 1500 W. College, Spfd., MO 65806 Fax to (417) 868-8014, Or, email to nick@newman-ent.com