

APPLICATION FOR RESIDENCY

Chesterfield Place Apartments
14644 Rialto Drive
Chesterfield, MO 63017
Phone: 314-469-6791
Fax: 314-469-8992

Date: _____
Move-In Date: _____
Apartment Number: _____
Monthly Rent: _____
Security Deposit: _____
Administrative Fee: _____
Marketing Source: _____
Lease Term: _____

Name of Applicant: First _____ Middle Initial _____ Last _____

Applicants Date of Birth: _____ Social Security Number: _____

Name of Spouse: First _____ Middle Initial: _____ Last: _____

Spouses Date of Birth: _____ Social Security Number: _____

Applicants Home Phone Number: _____ Number of Dependents: _____

Current Street Address: _____ City: _____

State: _____ Zip Code _____ Apt. #: _____ Rent or Own: _____ Length of Residency: _____

Landlord Name: _____ Landlord Phone Number: _____ Monthly Rent _____

If current address is less than three years:

Previous Street Address: _____ City: _____ State: _____

Zip Code: _____ Apt. #: _____ Rent or Own: _____ Length of Residency: _____ Monthly Rent: _____

Employment History

Applicants Current Employer: _____ Phone: _____

Employer Address _____ City: _____

State: _____ Zip Code: _____ Length of Employment: _____

If current employment is less than three years old:

Applicants previous employer: _____ Phone: _____

Employer Address: _____ City: _____

State: _____ Zip Code: _____ Length of Employment: _____

Spouse Employer: _____ Phone: _____

Employer Address: _____ City: _____

State: _____ Zip Code: _____ Length of Employment: _____

Applicants Salary: \$ _____ Per: _____ Spouses Salary: \$ _____ Per: _____

Other Sources of Income:

Social Security: \$ _____ Per: _____

Grants: \$ _____ Per: _____

Child Support: \$ _____ Per: _____

Disability: \$ _____ Per: _____

Pension: \$ _____ Per: _____

Other: \$ _____ Per: _____

Name of Bank: _____ Checking Acct # _____ Savings Acct # _____

Auto License Number _____ State of Registry _____ Year, Make, Model _____

Have your ever filed bankruptcy? () Yes or () No Have you been evicted from tenancy? () Yes or () No

Should this application be accepted by the Lessor (owner) or Agent, the \$_____ will be applied as the Security Deposit. The total deposit is refundable within thirty (30) days after you have vacated the premises, paid all monies owed, returned the apartment keys and there are no damages or cleaning charges owing.

If however, applicant cancels this stated agreement to rent after this application has been approved by Lessor (owner) or Agent, then applicant forfeits all claim to the Security Deposit as fixed liquidated damages.

PLEASE READ ALL TERMS BELOW AND SIGN:

It is understood that the premises are to be used as a residence to be occupied by not more than _____ persons and that occupancy is subject to possession being delivered by present occupant. An application fee is the sum of \$_____ and a security deposit in the sum of \$_____ received on _____ has been deposited with Landlord, with the clear understanding that this application, including each prospective occupant, is subject to approval and acceptance by the Landlord in its sole discretion. I hereby authorize Landlord to obtain information it deems desirable in the processing of my application and during tenancy, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, consumer reports and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. Upon approval and acceptance, the applicant agrees to execute a lease before possession is given and to pay the security deposit and the first month's rent upon being notified of acceptance; failing which the application fee will be retained by Landlord as the agreed compensation for credit investigation, processing and verification of the application, other expenses and/or loss or rent, and the Landlord shall have no further obligation to applicant. In no event is the application fee or security deposit refundable to the applicant, except in the event that the Landlord fails to deliver possession of the premises as may be required by any lease executed between the parties. The applicant hereby waives any claim for damages by reason of non-acceptance of this application, which the Landlord or his agent may reject without stating reason for so doing. It is further agreed that if any information herein is false, the lease made on the strength of the application may at the option of the Landlord, be terminated any time.

Signature: _____

Date: _____

Signature: _____

Date: _____

(For Office Use Only)

Manager's Approval: _____ Denied: _____ By: _____ Date: _____

Name of Apartment Community _____

Unit Number _____ Unit Type _____ Occupancy Date _____

Comments:

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RE: Verification of Employment and Salary

Date: _____

Employee Name: _____ Social Security #: _____

Employer: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

EMPLOYERS PLEASE COMPLETE THE FOLLOWING:

The above named person has made application for residency in our community, and we are requesting that your firm complete the information listed below to assist us in qualifying them for their new apartment home.

Position: _____

Length of employment: _____

Income/Salary: _____ per month _____ per year _____

Would you rehire? _____ yes _____ no

Name providing this information: _____

Title/Position: _____

If you have any questions regarding the above please call this office during normal business hours.

Thank you for your prompt attention in this matter.

Sincerely,

Property Manager

Applicant Signature

Applicant Printed Name

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RESIDENT VERIFICATION REQUEST

Date: _____

Resident Name: _____

Address: _____

COMMUNITY MANAGEMENT PLEASE COMPLETE THE FOLLOWING:

Move-in Date: _____

Current Monthly Rent: _____

Current Lease Expiration Date: _____

Proper Notice Given? _____ Yes _____ No

Is Occupant Current on Rent? _____ Yes _____ No _____ Balance Owed

Late Payments? _____ Yes _____ No _____ Number Times Late?

NSF Checks? _____ Yes _____ No _____ Number of NSF Checks?

Would you rent to this individual again? _____ Yes _____ No - Please provide reason?

Thank you very much for your prompt attention in this matter. Should you have any questions please contact us at the number listed above.

Respectfully,

Property Manager

Applicant Signature

Applicant Printed Name

