

Park Meadows Apartments Application for Residency

Bldg/Apt: _____ Rental Rate: \$ _____ Application Date: _____ Move-In Date: _____
 Lease End: _____ Apt Type: _____ Agent: _____

Last Name: _____ First Name: _____ SSN: _____ Date of Birth: _____ / _____ / _____ State ID #: _____ State: _____ Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____ Mobile Phone: (_____) _____ - _____ Address: _____ City: _____ State: _____ Zip: _____	Total # of Occupants: _____ Name: _____ DOB: ___/___/___ Name: _____ DOB: ___/___/___ Name: _____ DOB: ___/___/___ Name: _____ DOB: ___/___/___ Name: _____ DOB: ___/___/___ Name: _____ DOB: ___/___/___ Total # of Pets: _____ Type: _____ Breed: _____ Weight: _____ lbs Age: _____ Type: _____ Breed: _____ Weight: _____ lbs Age: _____
Landlord/Mortgage: _____ Phone: (_____) _____ - _____ Address: _____ City: _____ State: _____ Zip: _____ Move-In Date: _____ / _____ / _____ Monthly Payment: \$ _____ Address of Housing: _____ City: _____ State: _____ Zip: _____ If above is less than two years, write previous below: Landlord/Mortgage: _____ Phone: (_____) _____ - _____ Address: _____ City: _____ State: _____ Zip: _____ Move-In Date: _____ / _____ / _____ Monthly Payment: \$ _____ Address of Housing: _____ City: _____ State: _____ Zip: _____	Employer: _____ Phone: (_____) _____ - _____ Position: _____ Address: _____ City: _____ State: _____ Zip: _____ Gross Monthly Income: \$ _____ Hire Date: _____ / _____ / _____ Supervisor: _____ If above is less than two years, write previous below: Employer: _____ Phone: (_____) _____ - _____ Position: _____ Address: _____ City: _____ State: _____ Zip: _____ Gross Monthly Income: \$ _____ Hire Date: _____ / _____ / _____ Supervisor: _____
Bank: _____ Branch: _____ Account #: _____	Auto Make: _____ Model: _____ Year: _____ Plate #: _____ Color: _____
Emergency Contact: _____ Phone: (_____) _____ - _____ Relationship: _____	Emergency Contact: _____ Phone: (_____) _____ - _____ Relationship: _____

Have you ever been sued?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you in a legal suit now?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any outstanding judgments against you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you declared bankruptcy within 7 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, when in the past 7 years? _____				
Have you ever been convicted of a felony?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a misdemeanor involving sexual misconduct?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you answered yes to any of the questions to the left, indicate when such action was taken, where, (city and street address), by whom, for what reason and the outcome of the action.

RENTAL POLICIES

Equal Housing: This community has a comprehensive policy of compliance with the Federal Fair Housing Act, as well as state and local statutes and ordinances.

Availability: Based on availability of specific apartments.

Income: Six (6) months minimum required. Present employer must provide verification of income; applicant must have a stable work history. Alimony and child support payments will be considered when directed by court order. Income such as allowances from parents, scholarships, commissions, tips may require notarized verification. Monthly income must be at least 3 times the monthly rent.

Credit Check: An investigative consumer report (credit check) will be obtained for each applicant. Applicants must have good credit. Allowances are made for medical and discharged bankruptcy.

Co-Signer: At least one year of positive rental history will be required. An investigative consumer report (credit check) will be obtained. The co-signer must have positive credit and earn three (3) times the rental amount. Five (5) years of rental history will be verified.

Residence: Present and previous addresses must reflect a prompt payment record, sufficient notice given, and all obligations fulfilled in accordance with agreements.

Criminal History: The application will be denied if the applicant has been charged with a violent crime, felony, drug possession or crime against person.

Occupancy: The maximum number of individuals who may occupy an apartment is 2 in studio or one bedroom apartments, 4 in two bedroom apartments, and 6 in three bedroom apartments.

* If an applicant is 18 years of age or older, they must fill out an application and meet all screening qualifications. Applicants should have established employment, good credit and rental history or they may be required to have a cosigner.

Cars: Maximum of two (2) cars per apartment.

Water Beds: Only on the first floor with proof of insurance and management approval.

Pets: Accepted with additional deposit at management's discretion.

The following items must be complete before an apartment will be held for an applicant.

- ✓ A complete application. All blanks filled in.
- ✓ Application fee paid in full. \$35 per person.
- ✓ A deposit paid in full. (this deposit will be forfeited if applicant withdraws their application after seventy-two (72) hours have passed from submission of deposit)
- ✓ A copy of your most recent paycheck stubs totaling one month's income or other proof of income.

Application denial: If an application is denied South Hampton Apartments, L.L.C. is not obligated by law to provide an explanation. Our notification procedure will not explain in detail the cause for denial. If a denial occurs, it is based on the information supplied by you, and independent reporting agencies.

APPLICANT AGREES AND REPRESENTS THAT:

1. All applicants over the age of eighteen (18) who will be residing in the Apartment has submitted the sum of **\$35.00** as a non-refundable payment for a credit check and processing charge, receipt of which is acknowledged by management. In the event this application is rejected, this sum will be retained by management to cover the cost of processing this application as furnished by applicant.
2. Applicant hereby authorizes Leaser to procure a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. 1681 a(d), seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living of applicant.
3. Applicant hereby authorizes Landlord to obtain information it deems desirable in the processing of this application for residency, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, 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.
4. Applicant hereby understands that application may be rejected if during the investigation there are found to be judgments, liens, or bankruptcy in personal credit history.
5. Applicant has submitted the sum of at least **\$150** and no more than the equivalent of **two months of rent** as a deposit to hold the apartment applied for. Applicant understands that if 72 or more hours passes from the time Applicant submits said deposit, this sum will not be refunded in consideration of Landlord's lost ability to rent the apartment should Applicant choose to cancel scheduled residency. The sum will be refunded if Applicant's application is declined, if Applicant cancels scheduled residency before 72 hours have passed from submission of deposit, or if Applicant's application is approved with conditions and Applicant notifies Landlord within 24 hours of their inability to meet such conditions for residency.
6. Applicant hereby understands and agrees that any amount held as deposit by Landlord according to paragraph 5 is subject to change pending application result. In the event an amount higher than the paid amount, but not to exceed the equivalent of two months rent, is required for tenancy the amount remitted will be handled in accordance with paragraph 5.
7. Applicant hereby understands and agrees that any false information provided on this application for residency will be grounds for application denial, including forfeiture of any and all sums paid. If discovered after Applicant has taken possession of the apartment, false information will be grounds for immediate removal from premises with no advance notice and forfeiture of any and all sums paid.

The undersigned applicant hereby applies for and offers to execute a Lease as provided by South Hampton Apartments, LLC D/B/A Park Meadows Apartments (hereinafter Leaser). The undersigned applicant warrants that the statements contained herein are true. The purpose of this application is to assist Leaser in deciding whether to rent to applicant. Receipt of this application by Leaser does not obligate Leaser to deliver occupancy of any apartment.

Applicant Signature

Date

Leasing Agent Signature

Date

South Hampton Apartments, L.L.C. is an equal opportunity housing provider. We do not discriminate on the basis of race, color, religion, sex, handicap, familial status, or national origin.



Park Meadows Apartments
 398 Enchanted Parkway
 Manchester, MO 63021
 Phone: (636) 256-0122
 Fax: (636) 391-3812
 Email: leasing@parkmeadowsapts.com
 Web: www.parkmeadowsapts.com

REQUEST FOR RENTAL VERIFICATION

_____ has applied for an apartment at Park Meadows Apartments. Please complete and return this form via fax at (636) 391-3812 or by mail in the enclosed envelope. Thank you for your help in assisting us to determine if this applicant qualifies for an apartment.

 Applicant's Signature

 Date

My signature above authorizes you to release information regarding my tenancy.

Is this person a current or former tenant?	Current / Former
How long was this person a tenant?	From: ___/___/_____ To: ___/___/_____
What is/was their rental rate?	\$_____.__ per month
Did this tenant make payments on time?	Yes / No
If no, how many times was payment late?	___ times
Is this tenant currently on a lease?	Yes / No
If so, what is the lease expiration date?	___/___/_____
Did this tenant have a roommate or guarantor?	Yes / No
Did this tenant adhere to all terms of the lease?	Yes / No
Did this tenant provide proper notice to vacate?	Yes / No
Were there any damages not paid for?	Yes / No
Would you rent to this tenant again?	Yes / No / If Qualified

Address Given: _____

Additional Comments: _____

 Verifier's Signature

 Date

 Verifier's Printed Name

 Title



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 398 Enchanted Parkway
 Manchester, MO 63021
 Phone: (636) 256-0122
 Fax: (636) 391-3812
 Email: leasing@parkmeadowsapts.com
 Web: www.parkmeadowsapts.com

REQUEST FOR EMPLOYMENT VERIFICATION

Applicant's Name _____

Social Security Number _____

has applied for an apartment at Park Meadows Apartments. Please complete and return this form via fax at (636) 391-3812 or by mail in the enclosed envelope. Thank you for your help in assisting us to determine if this applicant qualifies for an apartment.

Applicant's Signature _____

Date _____

My signature above authorizes you to release information regarding my employment.

Is this person a current or former employee?	Current / Former	If this employee is/was commissioned, what is/was their monthly average commission?	\$ _____.
Between what dates has this employee worked for your company?	From: _____ To: _____	If this employee receives/received bonuses, what is/was their monthly average bonus?	\$ _____.
What is/was this employee's position?	_____	If eligible for and consistently receives/received overtime pay, what is/was their monthly average overtime pay?	\$ _____.
What is/was this employee's base pay?	\$ _____. per _____	If currently employed, what is this employee's probability of continued employment?	Guaranteed Probable / Unsure Possible / Unlikely Temporary Employee
If hourly, how many hours on average does/did this employee work in one week?	_____ hours	If this employee is under an employment contract, when will the contract expire?	____/____/____
If under contract, how likely is the contract to be renewed?	Guaranteed / Probable / Unsure Possible / Unlikely/ Will Not		

Verifier's Signature _____

Date _____

Verifier's Printed Name _____

Title _____

Rental Verification Waiver

I, _____, hereby attest that I have never held a mortgage or lease for an apartment, townhouse, duplex, single-family house, mobile home or any other kind of residential housing property from an individual, business or institution.

I further acknowledge and understand that by signing this waiver, my application for residency may automatically be denied if the contrary is found to be true as a result of a credit or background check.

Describe below your prior living arrangements for the preceding 7 years:

Signature

Date