

Captain Properties IV, LLC

9727 Pauline Place Suite C
St. Louis, MO 63123

Phone: (314) 631-7290
Fax: (314) 631-3079

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____ Date of Birth _____
 Social Security Number _____ Driver's License Number/State _____
 CO-APPLICANT'S FULL NAME _____ Date of Birth _____
 Social Security Number _____ Driver's License Number/State _____
 Full Names of All Other Residents: _____
 _____ Relationship to you: _____ Date of Birth _____
 _____ Relationship to you: _____ Date of Birth _____
 _____ Relationship to you: _____ Date of Birth _____
 Kind of Pet/Breed/Weight/Age: _____

RESIDENT HISTORY

PRESENT ADDRESS: _____ City/State _____ Zip _____
 Dates of Occupancy: _____ to _____ Telephone: _____
 Landlord/Management Co: _____ Telephone: _____
 Monthly Payment: _____ Reason for Leaving: _____
 PREVIOUS ADDRESS: _____ From: _____ To: _____
 Landlord/Management Co: _____ Telephone: _____
 Monthly Payment: _____ Reason for Leaving: _____

EMPLOYMENT HISTORY

PRESENT EMPLOYER _____ Dates From: _____ To: _____
 Address: _____ Telephone: _____
 Position: _____ Supervisor _____ Monthly Salary: _____
 OTHER SOURCE OF INCOME _____ Amount: _____
 Address: _____ Telephone: _____
 CO-APPLICANT'S EMPLOYER _____ Dates From: _____ To: _____
 Address: _____ Telephone: _____
 Position: _____ Supervisor _____ Monthly Salary: _____

CREDIT INFORMATION

BANKING ACCOUNTS: Checking/Savings (circle appropriate) BANK: _____
 CREDIT REFERENCE#1 _____
 Description of Reference: _____ Telephone: _____
 CREDIT REFERENCE#2 _____
 Description of Reference: _____ Telephone: _____

VEHICLE INFORMATION

Make/Model of Vehicle #1: _____ Year: _____ Color: _____ TagNo/State _____
 Make/Model of Vehicle #2: _____ Year: _____ Color: _____ TagNo/State _____
 In Case of Emergency, Notify: _____ Relationship: _____
 Address: _____ Phone #1: _____ Phone #2: _____

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

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