



(314) 344-0084
Fax (314) 344-2998

WELCOME HOMES CREDIT SERVICES
3800 McKelvey Road • Bridgeton, MO 63044

RE:

TO WHOM IT MAY CONCERN:

Please be advised that the undersigned has authorized the disclosure of the following information:

LANDLORD INFORMATION

When did the account open _____; close _____ what was the monthly payment _____? Did the resident(s) pay promptly _____? If no, explain _____

Did the resident(s) give a thirty (30) day notice? _____

Were there any disturbances or property damage? _____
If yes, explain. _____

Did the resident(s) request a large number of work orders? _____

Is the undersigned currently past due? _____ Amount past due. \$ _____

Has the undersigned had any returned checks? _____ Number of returned items? _____

Has the undersigned had any late charges? _____ Number of late charges? _____

Number of times late 5 days _____ 30 days _____ 60 days _____ 90 days _____

Is there a co-resident signed on the lease? _____ Is the lease guaranteed by a co-signer? _____

Are the resident(s) currently receiving any housing subsidy? _____

Were there any unauthorized residents? _____

Would you re-rent to the resident(s)? _____ If no, explain _____

EMPLOYMENT VERIFICATION

What date was the applicant hired _____; if terminated, the date employment terminated _____; what position does the applicant hold _____ What is the applicant's monthly, yearly, hourly wage _____? Full Time _____ Part Time _____ If part time, hours per week _____. Does the applicant currently have any garnishments? _____

CREDIT AND LOAN INFORMATION

What date was account opened _____; what is the high credit _____; the number and amount of payments; # _____ pymts. x \$ _____. The current balance _____; how many payments were late, number of times over : _____ x15, _____ x30, _____ x60, _____ x90, _____ x120. When is the applicant next due ? _____. Is this credit secured or unsecured _____

BANK REFERENCE

The undersigned authorizes the release of any and all information related to their deposit relationship. If the undersigned has any additional deposit relationships, please provide the following information.

Account #	Date Open	Type	Average Balance	Number of Times OD or NSF

We would appreciate your reply as soon as possible.
Thank you.

Sincerely yours,

RESIDENT MANAGER OR AUTHORIZED AGENT

AUTHORIZED BY:

APPLICANT'S SIGNATURE

SPOUSE'S SIGNATURE

WELCOME HOMES CREDIT SERVICES

Phone (314) 344-0084

FAX (314) 344-2998

A Division of Credit Information Corporation

3800 McKelvey Road • Bridgeton, MO 63044

Management Co. or Landlord Requesting Report: _____ Phone # () _____

Community: _____ Monthly Rent: \$ _____

NAME ^{MR} _{MS} _____ PHONE NO. () _____

SOCIAL SECURITY NUMBER _____ *DATE OF BIRTH _____ DRIVER'S LICENSE NUMBER _____

* DATES OF BIRTH ARE REQUESTED IN ORDER TO OBTAIN ACCURATE RETRIEVAL OF RECORDS.

MARITAL STATUS (Optional) MARRIED SEPARATED WIDOWED DIVORCED SINGLE HOW LONG? _____

Spouse's Name _____ Maiden name _____

SPOUSE'S SOCIAL SECURITY NO. _____ (Show former spouse if divorced or separated) SPOUSE'S *DATE OF BIRTH _____ SPOUSE'S DRIVER'S LICENSE NUMBER _____

PRESENT ADDRESS _____ NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____ HOW LONG? From _____ To _____

LANDLORD OR MORTGAGE HOLDER _____ PHONE NO. () _____ MONTHLY RENT OR PAYMENT \$ _____

PREVIOUS ADDRESS _____ NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____ HOW LONG? From _____ To _____

LANDLORD OR MORTGAGE HOLDER _____ PHONE NO. () _____ MONTHLY RENT OR PAYMENT \$ _____

PREVIOUS ADDRESS _____ NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____ HOW LONG? From _____ To _____

LANDLORD OR MORTGAGE HOLDER _____ PHONE NO. () _____ MONTHLY RENT OR PAYMENT \$ _____

EMPLOYED BY: _____ ADDRESS: _____ PHONE NO. () _____

POSITION _____ SUPERVISOR _____ HOW LONG? From _____ To _____ GROSS MONTHLY SALARY \$ _____

PREVIOUS EMPLOYER (IF IN CURRENT POSITION LESS THAN ONE YEAR)

EMPLOYED BY: _____ ADDRESS _____ PHONE NO. () _____

POSITION: _____ SUPERVISOR _____ HOW LONG? From _____ To _____ GROSS MONTHLY SALARY \$ _____

SPOUSE'S EMPLOYER: _____ SUPERVISOR _____ ADDRESS _____ PHONE NO. () _____

POSITION: _____ HOW LONG? _____ MONTHLY SALARY \$ _____ OTHER INCOME YES NO

SOURCE OF OTHER INCOME _____ GROSS DOLLAR AMOUNT \$ _____ PER YEAR MONTH

CHARACTER REFERENCES: NAME OF NEAREST RELATIVE (OTHER THAN SPOUSE)

1.	NAME	RELATION	ADDRESS	CITY	PHONE
2.	NAME	RELATION	ADDRESS	CITY	PHONE

BANK REFERENCES

BANK NAME _____ CHECKING ACCOUNT NO. _____

ADDRESS _____ SAVINGS ACCOUNT NO. _____

CREDIT REFERENCES	ADDRESS	ACCOUNT NUMBER	MONTHLY PAYMENT	PRESENT BALANCE

If you are responsible for child support, alimony or maintenance payments indicate amount \$ _____ Month Year

Monthly child care expense (baby sitter, nursery, pre-school, etc.) \$ _____

AUTO	MAKE	YEAR	LICENSE NO	DATE PURCHASED	MONTHLY PAYMENT	BALANCE	FINANCED BY	ACCOUNT NUMBER

REASON FOR GETTING MARRIED GETTING DIVORCED OR SEPARATED NICER APARTMENT LOWER RENT ROOMMATE MOVED LIVING AT HOME JOB TRANSFER MOVING FROM ANOTHER AREA

MOVING? MORE CONVENIENT TO _____ WORK SCHOOL RECREATION OTHER REASON _____

PETS YES NO NOT PERMITTED UNLESS SPECIFIED AND APPROVED BY AUTHORIZED AGENT TYPE PET _____

A. HOW DID YOU LEARN ABOUT THIS UNIT? NEWSPAPER YELLOW PAGES SIGN A FRIEND OTHER

B. TYPE OF UNIT REQUIRED? EFFICIENCY GARDEN TOWNHOUSE MONTHLY RENT _____ NO. OF BEDROOMS _____

THE FOLLOWING OCCUPANTS (AND NO OTHERS) ARE TO OCCUPY SAID APARTMENT:
(Birth Dates are requested in order to determine the potentiality of contractual liability.)

DATE OCCUPANCY IS TO BEGIN _____

HUSBAND (NAME/BIRTHDATE) _____ WIFE (NAME/BIRTHDATE) _____

CHILDREN (NAME/BIRTHDATE) _____ OTHER (NAME/BIRTHDATE) _____

ADDRESS OF UNIT _____

IN SIGNING THIS APPLICATION, THE UNDERSIGNED STATES THAT THE ABOVE INFORMATION IS WARRANTED TO BE TRUE AND HEREBY AUTHORIZES THE FIRM TO WHOM THIS APPLICATION IS MADE AND WELCOME HOMES CREDIT SERVICES, HEREINAFTER REFERRED TO AS WHCS, TO INVESTIGATE THE REFERENCES HEREIN USED, OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER FIRM OR PERSON, PERTAINING TO MY EMPLOYMENT BACKGROUND, SOURCE OF INCOME, CREDIT HISTORY, RESIDENTIAL HISTORY, FINANCIAL RESPONSIBILITY OR POSSIBLE CRIMINAL HISTORY. THE UNDERSIGNED SPECIFICALLY AUTHORIZES WHCS TO OBTAIN MY CREDIT BUREAU REPORT. THE UNDERSIGNED AGREES THAT THIS APPLICATION SHALL REMAIN THE PROPERTY OF WHCS AND THE FIRM TO WHOM THIS APPLICATION IS MADE. THE UNDERSIGNED FURTHER RECOGNIZES THAT WHCS IN ITS INVESTIGATIVE PROCEDURES DOES NOT CONSIDER ANY INFORMATION OBTAINED THROUGH ITS INVESTIGATION TO BE CONFIDENTIAL AND A FULL DISCLOSURE OF PERTINENT FACTS MAY BE MADE TO THE LANDLORD OR OTHER FIRMS. I FURTHER AGREE TO PAY THE COST OF WHCS'S REPORT NOT TO EXCEED \$ _____ WHICH MAY, OR MAY NOT BE DEDUCTED FROM THE DEPOSIT.

NOTICE TO CONSUMER: (AN INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION AS TO CREDIT AND FINANCIAL RESPONSIBILITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTIC, AND MODE OF LIVING, WHICHEVER ARE APPLICABLE, MAYBE PRESENTED TO THE FIRM TO WHOM THIS APPLICATION IS MADE. YOU, THE CONSUMER, HAVE THE RIGHT TO REQUEST IN WRITING A COMPLETE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION. YOUR REQUEST SHOULD BE ADDRESSED TO WHCS AND MUST BE MADE WITHIN SIXTY (60) DAYS OF THE DATE OF THE APPLICATION IS APPROVED OR NOT APPROVED.)

SIGNED: X _____ APPLICANT SIGNED: X _____ SPOUSE DATE: _____

Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to applicant, or credited toward any deposit which may be required of applicant at the time a rental agreement is executed. If applicant withdraws the application, a fee of \$ _____ will be retained by Landlord. If the apartment is held for applicant for more than _____ days, all monies deposited shall be forfeited to Landlord.

Reservation Deposit with application \$ _____
Reservation Deposit for pets (if allowed) \$ _____
Miscellaneous Deposit \$ _____
Total Deposit with application \$ _____

RESIDENT MANAGER OR/AUTHORIZED AGENT

FORM WHCS 101 F Revised 4/99

