



Village Park Apartments

11614 Old Ballas Rd.

St. Louis, MO 63141

(314) 993-4472

Fax: (314) 993-3402

To: _____

Address: _____

Date: _____

Phone#: _____

Fax#: _____

NAME: _____

ADDRESS: _____

(PLEASE PRINT)

SIGNATURE: _____

TO WHOM IT MAY CONCERN:

I HAVE APPLIED FOR RESIDENCY AT VILLAGE PARK APARTMENTS. I GIVE MY PERMISSION FOR YOU TO FURNISH THEM WITH MY PRIOR RENTAL INFORMATION AS REQUESTED BELOW. PLEASE RETURN THIS LETTER TO VILLAGE PARK APARTMENTS BY FAX OR BY MAIL AS SOON AS POSSIBLE.

DATE OF RESIDENCY: _____

MONTHLY RENTAL AMOUNT: _____

WAS RENT PAID AS AGREED? _____

NUMBER OF PAYMENTS PAST DUE: _____ 30 _____ 60 _____ 90

ANY PETS? _____ ANY NOISE COMPLAINTS? _____

WERE TERMS OF LEASE FULFILLED? _____

ADDITIONAL COMMENTS: _____

WOULD YOU RENT TO RESIDENT AGAIN? _____

INFORMATION GIVEN BY: _____ TITLE: _____

DATE: _____



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(TO BE COMPLETED BY APPLICANT)

Employer: _____ Phone# _____
Address: _____ Fax# _____
_____ Date: _____

Dear Employer:

I have applied for an apartment at Village Park Apartments. Please consider this letter my authorization for you to release to them information concerning my employment and income with your company.

Applicant's Signature

Applicant's Printed Name

Social Security #: _____

(TO BE COMPLETED BY EMPLOYER)

Is applicant presently employed? _____

Position: _____

How Long? _____ years _____ months

Present monthly salary: \$ _____

Is Position Permanent? _____

If Temporary, How Long? _____

Verified by _____

Verifier's Printed Name _____

Verifier's Position _____ Date _____

(Please Fax Back to the number listed above)



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Consent to Verify Credit [*Criminal Background, employment and occupancy history*].

All applicants and co-signers must agree to the following by executing [*a rental application and consent form*]:

I hereby consent to allow [*Village Park Apartments/Century Three, Inc*], through its designated agent and its employees, to obtain and verify my credit information [*(including a criminal background search, employment and occupancy history)*] for the purpose of determining whether or not to lease an apartment to me. I further authorize ongoing procurement of the above mentioned information and/or reports at any time during tenancy.

Print your Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Drivers License Number: _____ License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ Race: _____ Gender (M or F): _____

Other or Former Names: _____

Professional License: _____ State: _____ Type: _____ Number: _____

Signature: _____ Date: _____

APPLICATION FOR APARTMENT

Address _____	Applicant(s) Name _____
Unit# _____	Requested Move-In Date _____
Monthly Rent \$ _____	Date of Application _____
Lease Application Fee\$ _____	Credit Check Fee\$ _____
Lease Application Fee received by _____	
_____ Check _____ Money Order _____ Cash	
Date of which Lease Application Fee is applied as full Security Deposit _____	

I/We, the undersigned, jointly and severally if more than one, make application to the Landlord named in the proposed lease of the apartment, furnishings and other personal property, if any, described in the lease, upon and subject to the terms and conditions of the lease which I/We intend to sign on acceptance of this application.

I/We understand and agree: 1) that the lease shall not be effective or binding on the Landlord until Landlord shall have delivered to Tenant a copy of the lease signed by or in behalf of Landlord, and I/We have made the security deposit (s) and advance rent payment (s) required by the lease; 2) that any misrepresentations by me/us in the application shall constitute an event of default under the lease; and 3) that Landlord shall not be liable for any failure to deliver possession of the apartment (premises) on or by the beginning date of the term.

I/We represent and state that I/We do not owe any rent and/or other moneys to any other landlord of property in the City or County of St. Louis, Missouri, and understand and agree that if it shall come to the attention of the Landlord, either before or subsequent to my/our signing this application and/or the lease and/or the beginning date of the lease term, that I/We owe any such rent and/or other moneys and if I/We fail or refuse to pay the same in full upon request by Landlord, such failure or refusal shall constitute a default under the lease and Landlord shall have the right and option of evoking the remedies therein provided.

I/We herein furnish full credit information; I/We hereby authorize Landlord and/or any credit service used by Landlord to investigate and verify my/our credit transactions and/or information furnished by me/us; I/We authorize my/our employer (s), references and all other businesses, organizations or persons to give full information and records about me/us to Landlord and/or said credit service; and I/we authorize said credit service to review my/our credit record and its investigation and verification with, and to submit reports thereof to, Landlord.

CREDIT APPLICATION
(must be printed)

Give the same information on Spouse or co-signer, if any, or other person occupying apartment on this page:

Last Name _____ First _____ Middle _____

Age _____ Date of Birth _____

Present Address _____ Phone _____

City, State & Zip Code _____

Previous Address _____

City, State & Zip Code _____

Social Security No. _____ Driver's License # _____

Name and Telephone No. of Landlord _____

Lived at this Address for period from _____ to _____

Reason for leaving this address _____

Rent paid per month at this address _____

Employer _____ Supervisor _____

Address of Employment _____

Telephone of Employment _____ Position _____

Time Card or Badge No. _____ Gross Monthly Salary _____

Length of Employment _____ Other Source of Income _____

Dependents (relationship, ages) _____

Name of Bank: _____

Credit Accounts closed or open list all you can. Give names and addresses. _____

Previous Employer _____

Name, Address, Phone Number of Closest Relative _____

The following occupants (referred in said lease as Tenant's Immediate Family), as named (and no others) are to occupy said apartment (specify name and age):

Husband _____ Wife _____ Other _____

Children & Ages _____

Do you own the following? Furniture _____ Property _____ Auto (if yes specify number) _____

Have you and/or your spouse ever been arrested or sued? _____ If so, when and what for? _____

Do you have any pets? _____ Do you intend for pets to occupy said apartment? _____

If so, what kind of pet do you have? _____ Weight? _____

I/We hereby pay the sum of \$ 250⁰⁰ as full lease Application fee. I/We understand that if for any reason I/We fail to execute a lease after the application has been accepted and prior to the scheduled move in date, then the landlord is to retain my/our full Lease Application Fee as liquidating damages in full satisfaction of all my/our legal liabilities under this application. The Landlord shall retain the right to reject this application at all times and shall refund my Lease Application Fee in such event.

At time of lease signing, I/we understand that my Lease Application Fee will then serve as my full Security Deposit on assigned apartment unit. Premises are accepted in as is condition.

Missouri Law requires that written notice to vacate be tendered to agent at least one month prior to rent due date. Premises are accepted in as is condition.

Lease Term _____ Applicant _____

Dated _____ Applicant _____

OFFICE USE ONLY:

Agent: _____ was shown _____ Driver's License
_____ Social Security Card
_____ Employer I.D.
_____ Student I.D.

on this date _____

Approval _____ Non Approval _____ By _____ Date _____