

RENTAL APPLICATION

This Application is for the property at: _____ for a term of _____. The rent shall be \$_____ payable in advance. A security deposit is required in the amount of \$_____. The deposit will be returned to the Applicant only in the event the application is denied. The total amount of \$_____ shall be due upon the signing of the lease. **If Applicant fails to sign the lease, the security deposit will be used as compensation for the period the property is off the market.**

The Applicant understands that OZARK GATEWAY REALTY as Manager will perform a credit check to verify the Applicant and Co-Applicant's credit references and credit history in connection with the processing of this Rental Application. Manager will also perform a background check with local law enforcement.

APPLICANT INFORMATION

Name: _____ Phone: _____

DATE OF BIRTH _____

Number of occupants: Adults: _____ Children: _____

PRESENT ADDRESS: _____, City, State, Zip _____

How long at present address: _____ Home Phone No.: (____) _____

Landlord Name: _____ Landlord Phone No.: (____) _____

Current rent payment: _____

PRIOR ADDRESS: _____, City, State, Zip _____

How long at prior address: _____

Landlord Name: _____ Landlord Phone No.: (____) _____

Rent payment: _____ Reason for moving: _____

Social Security No.: _____ - _____ - _____

Driver's License No.: _____ State _____ **(PROVIDE FOR PHOTOCOPY)**

Vehicle Model: _____ Year: _____ License No.: _____

Vehicle Model: _____ Year: _____ License No.: _____

SOURCES OF MONTHLY INCOME:

Wages \$ _____

Salary \$ _____

Commission \$ _____

Tips \$ _____

Gov't assistance \$ _____

Child support/Alimony \$ _____

Other \$ _____

CURRENT EMPLOYER:

PRIOR EMPLOYER:

Employer: _____ Employer: _____

Position: _____ How long: _____ Position: _____ How long: _____

Supervisor: _____ Supervisor: _____

Business Phone: (____) _____ Business Phone: (____) _____

Monthly Income: _____ Monthly Income: _____

PERSONAL REFERENCES:

Name: _____ Name: _____
Address: _____ Address: _____
Phone No.: (____) _____ Phone No.: (____) _____
Relationship: _____ Relationship: _____

BANK REFERENCES:

Name: _____ Name: _____
Branch: _____ Branch: _____
Account No.: _____ Account No.: _____

CREDIT REFERENCES:

Credit Card Name: _____ Credit Card Name: _____
Issuing Bank: _____ Issuing Bank: _____
Account No. _____ Account No.: _____
Credit limit: _____ Credit Limit: _____
Balance owed: _____ Balance Owed: _____
Monthly payment: _____ Monthly Payment: _____
Expiration date: _____ Year Issued: _____ Expiration date: _____ Year Issued: _____

Do you own real estate? Yes ____ No ____ If yes, please explain where: _____

Have you ever been evicted from any rental premises? Yes ____ No ____ If yes, please explain:

Have you ever willfully and intentionally refused to pay rent when due? Yes ____ No ____
If yes, please explain: _____

Are there any circumstances that may interrupt your income or ability to pay rent? Yes ____ No ____
If yes, please explain: _____

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please explain:

Please provide names of ALL other tenants, including children and anyone who will live with you, even if on a temporary basis.

Adult Name(s): _____
Child(ren): _____ Age(s): _____ Relationship: _____
Grade(s): _____ School: _____

I represent that the information provided in this Application is true and correct to the best of my knowledge. OZARK GATEWAY REALTY is authorized to verify the references and employment information given in this Application and to request a credit check and a background check through local law enforcement.

Applicant's Signature

Date

IF A SECOND ADULT WILL BE RENTING THE PREMISES, THEY WILL NEED TO COMPLETE THE CO-APPLICANT INFORMATION.

CO-APPLICANT INFORMATION

The Applicant understands that OZARK GATEWAY REALTY as Manager will perform a credit check to verify the Applicant and Co-Applicant's credit references and credit history in connection with the processing of this Rental Application. Manager will also perform a background check with local law enforcement.

CO-APPLICANT INFORMATION

Name: _____ Phone: _____

DATE OF BIRTH _____

Number of occupants: Adults: _____ Children: _____

PRESENT ADDRESS: _____, City, State, Zip _____

How long at present address: _____ Home Phone No.: (____) _____

Landlord Name: _____ Landlord Phone No.: (____) _____

Current rent payment: _____

PRIOR ADDRESS: _____, City, State, Zip _____

How long at prior address: _____

Landlord Name: _____ Landlord Phone No.: (____) _____

Rent payment: _____ Reason for moving: _____

Social Security No.: _____ - _____ - _____

Driver's License No.: _____ State _____ **(PROVIDE FOR PHOTOCOPY)**

Vehicle Model: _____ Year: _____ License No.: _____

Vehicle Model: _____ Year: _____ License No.: _____

SOURCES OF MONTHLY INCOME:

Wages	\$ _____
Salary	\$ _____
Commission	\$ _____
Tips	\$ _____
Gov't assistance	\$ _____
Child support/Alimony	\$ _____
Other	\$ _____

CURRENT EMPLOYER:

Employer: _____

Position: _____ How long: _____

Supervisor: _____

Business Phone: (____) _____

Monthly Income: _____

PRIOR EMPLOYER:

Employer: _____

Position: _____ How long: _____

Supervisor: _____

Business Phone: (____) _____

Monthly Income: _____

PERSONAL REFERENCES:

Name: _____ Name: _____
Address: _____ Address: _____
Phone No.: (____) _____ Phone No.: (____) _____
Relationship: _____ Relationship: _____

BANK REFERENCES:

Name: _____ Name: _____
Branch: _____ Branch: _____
Account No.: _____ Account No.: _____

CREDIT REFERENCES:

Credit Card Name: _____ Credit Card Name: _____
Issuing Bank: _____ Issuing Bank: _____
Account No. _____ Account No.: _____
Credit limit: _____ Credit Limit: _____
Balance owed: _____ Balance Owed: _____
Monthly payment: _____ Monthly Payment: _____
Expiration date: _____ Year Issued: _____ Expiration date: _____ Year Issued: _____

Do you own real estate? Yes ___ No ___ If yes, please explain where: _____

Have you ever been evicted from any rental premises? Yes ___ No ___ If yes, please explain:

Have you ever willfully and intentionally refused to pay rent when due? Yes ___ No ___
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Adult Name(s): _____
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Co-Applicant's Signature Date