

Rodemyer Christel, Inc.

REAL ESTATE • SALES
PROFESSIONAL PROPERTY MANAGEMENT

3630 GRANDEL SQUARE
ST. LOUIS, MO 63108
(314) 454-0800
(314) 454-1556 FAX



RENTAL APPLICATION

Application Screening Performed By:

First Advantage SafeRent
7300 Westmore Rd., Suite 3
Rockville, MD 20850
Toll Free Phone (888) 333-2413
Fax (312) 528-0509

Office Use Only:

Type of Report:

- Full Screening
 Credit Report Only
 Criminal Record Only

User ID: _____

Contact Person: _____ Fax#: _____ Phone#: _____

Date Received: _____

Phone Number: _____

Application Fee Received: _____

Submitted to FASR (date & time): _____

Reservation Deposit Received: _____

Application Approved (date): _____

Application Denied (date): _____

Application Fees are paid by the Applicant to process this application and are Non-refundable

Address of Apartment Being Applied For: _____

Monthly Rent: _____

Applicants Name: _____ Last Name _____ First Name _____ Middle _____

Spouses Name: _____ Last Name _____ First Name _____ Middle _____

Applicant: _____ Social Security# _____ Birth Date _____

Driver's License# _____ State Issued _____

Spouse: _____ Social Security# _____ Birth Date _____

Driver's License# _____ State Issued _____

Residential History: (Five Year History)

Home Phone# _____ Daytime Phone# _____
Present Address: _____

Date Occupied: _____ Rent: _____

Reason For Moving: _____

Landlord or Mortgage Holder: _____ Phone: _____

Previous Address: _____

Date Occupied: _____ Rent: _____

Reason For Moving: _____

Landlord or Mortgage Holder: _____ Phone: _____

Previous Address: _____ Rent: _____
Date Occupied: _____
Reason For Moving: _____
Landlord or Mortgage Holder: _____ Phone: _____

Previous Address: _____ Rent: _____
Date Occupied: _____
Reason For Moving: _____
Landlord or Mortgage Holder: _____ Phone: _____

Previous Address: _____ Rent: _____
Date Occupied: _____
Reason For Moving: _____
Landlord or Mortgage Holder: _____ Phone: _____

Employment and Reference Information:

Employer: _____ Start date? _____ Phone#: _____
Address: _____ Position: _____ Monthly Salary: _____
Previous Employer: _____ Dates of hire _____ Phone#: _____
Address: _____ Position: _____ Monthly Salary: _____
Spouse's Employer: _____ Start date? _____ Phone#: _____
Address: _____ Position: _____ Monthly Salary: _____
Other Income? Yes No Source: _____ Amount: \$ _____ MO YR

No. of persons who will reside on the property? _____ Requested date of Occupancy? _____
Child _____ Date of Birth _____ Child _____ Date of Birth _____
Child _____ Date of Birth _____ Child _____ Date of Birth _____
Other _____ Date of Birth _____ PETS? Yes No What kind? _____ How many? _____

References (List first reference to be contacted in case of emergency. Next list nearest relative, other than spouse).

1. Name: _____ Phone#: _____ Relationship: _____
2. Name: _____ Phone#: _____ Relationship: _____
3. Name: _____ Phone#: _____ Relationship: _____

Has the Applicant or any occupants listed on this application ever been criminally convicted of drug activity, dealing drugs, or any threatening behavior? _____ (YES or NO)

In signing this application the undersigned states that all of the above information is warranted to be true and hereby authorizes the firm to whom this application is made and First Advantage SafeRent to investigate the references and information contained in this application. Rodemyer Christel may refuse to rent to the applicant, or begin eviction proceedings after the applicant becomes a resident, if Rodemyer Christel, Inc. determines that the applicant or co-applicant has lied on this application.

The undersigned hereby acknowledges that they have reviewed and accurately and truthfully completed all 3 pages of this application.

Signed by Applicant _____ Date _____

Signed by Spouse _____ Date _____

Acceptance of this application, and any monies deposited herewith, does not bind or commit Landlord to rent the property to applicant. If approved, all monies deposited with this application as a Reservation Deposit shall be held and credited toward any Security Deposit which may be required of the applicant at the time the rental agreement is executed. If applicant withdraws the application after it has been approved and the apartment has been reserved, the Reservation Deposit will be forfeited to Rodemyer Christel in its entirety.

Rodemyer Christel, Inc.

3630 Grandel Square
St. Louis, MO 63108
(314) 454-0800
(314) 454-1556 FAX

CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT

"I hereby authorize Rodemyer Christel, Inc., to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. "I hereby expressly release Rodemyer Christel, Inc. and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies."

X _____
Signature _____ Print Name _____ Date _____

X _____
Signature _____ Print Name _____ Date _____

The individual named above has made application for residency with our company. We would appreciate it if you would provide the following information checked below. You may fax or mail the required information. **Our fax number is (314) 454-1556.** Thank you for your cooperation in this matter. We hope to be able to return this favor sometime in the future. If you have any further questions please do not hesitate to call (314) 454-0800.

Sincerely,
Rodemyer Christel, Inc.

Landlord Reference []

1. Time period of tenancy _____
2. Late in rental payments () Yes () No
If yes, how late? _____
How often? _____
3. Monthly Rent \$ _____
4. Does applicant have pets? _____
5. As to cleanliness and care of the apartment is resident () Excellent
() Good () Fair () Poor
6. Problems with neighbors? () Yes () No
If yes, please explain: _____
7. Were children properly supervised?
() Yes () No
8. Were all lease terms fulfilled?
() Yes () No If no, please explain: _____
9. Would you rent to this tenant again?
() Yes () No If no, please explain: _____

Information provided by _____
Position _____
Telephone _____

Employment Verification []

1. Position _____
 2. Salary _____
 3. Length of Employment _____
 4. Anticipated Layoff within 90 days
() Yes () No
- Information provided by _____
Position _____
Telephone _____