

RENTAL APPLICATION
COMPLETE ONE FOR EACH APPLICANT

Premises and Lease Information

Fax to: 573-256-2789

Address: _____
Description: _____
Parking: _____
Lease Start Date: _____ Lease Term: _____
of Occupants: _____
Monthly Rent: _____
Security Deposit: _____
Application Fee: _____
Do you have any pets? (Please describe) _____ Pet Fee: _____
Do you need a Washer & Dryer? _____ W/D Fee: _____
Do you own a vacuum? _____
How will you fund your monthly rent payment? _____

Applicant Information

Full Name: _____
Current Address: _____
Cell Phone: _____ Work Phone: _____
Email Address: _____
Drivers License Number: _____
Social Security Number: _____ Birthday _____
Best way to reach you: _____
Best time to reach you: _____

Applicant Rental History

Landlord History: (Please list Names and Dates of previous landlords, including most recent)

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Dates of Tenancy</u>
Current Landlord	_____	_____	_____	_____
Previous landlord	_____	_____	_____	_____
2nd previous landlord	_____	_____	_____	_____

Have you ever been sued for unlawful detainer? _____
Have you ever been evicted? _____
Have you been delinquent in paying rent during the past 3 years? _____

Applicant Employment History

Occupation: _____
Employer: _____
Length of Employment: _____ Current Salary: _____
Contact Person: _____ Contact Phone: _____

Applicant Financial History

Checking Acct Number: _____
Bank Name: _____ Bank Address: _____
Credit Reference: _____ Phone: _____

CONSENT TO OBTAIN CREDIT INFORMATION

As a material inducement to be considered as a tenant for the Premises, I herewith consent to and authorize Tom Smith, Rentmidmo.com, Tara Ledford, KMI LLC, or any agent of same, to contact all references named in application, and to conduct a credit review, including obtaining my credit report from any authorized credit reporting agency. I declare under penalty of perjury that the information listed on this application is true and correct.

Executed on this ____ day of _____, 20____, in the City of Columbia, State of Missouri.

X _____