

Four Horizons Realty, Inc.

703 N. Marion Street
P.O. Box 536
Kirksville, MO 63501
Phone: (660) 665-3400
Fax: (660) 665-0463

RENTAL APPLICATION

APPLICANT _____ E-MAIL ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

PHONE NUMBER _____

SPOUSE _____ E-MAIL ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

PHONE NUMBER _____

CURRENT ADDRESS _____

CURRENT LANDLORD _____ PHONE # _____

HOW LONG AT CURRENT ADDRESS _____

ARE YOU CURRENTLY IN A LEASE? _____ IF SO, WHEN DOES LEASE END? _____

PREVIOUS LANDLORD _____ PHONE # _____

ADDRESS OF PREVIOUS RENTAL _____

EMPLOYMENT:

EMPLOYER _____ SUPERVISOR NAME: _____

PHONE # _____ Length of Employment _____

SPOUSE EMPLOYER _____ SUPERVISOR NAME: _____

PHONE# _____ Length of Employment _____

STUDENT? Y N YEAR IN SCHOOL _____

VEHICLES:

YEAR _____ MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE _____

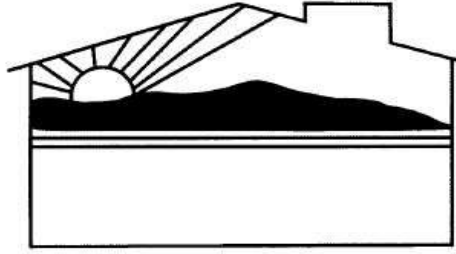
YEAR _____ MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE _____

PARENT INFORMATION/EMERGENCY CONTACT

NAME _____ PHONE# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____



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OCCUPANTS:

Do you have any pets? _____ If yes, please give details (number, size, weight & type)

NUMBER OF OCCUPANTS _____

PROPERTY APPLYING FOR _____ DESIRED MOVE IN DATE _____

How long do you think you would be renting from us? _____

Have you declared bankruptcy in the last 7 years? Yes___ No___

Have you ever been convicted of a felony? Yes___ No___

Have you ever been evicted from tenancy? Yes___ No___

Have you ever intentionally refused to pay rent? Yes___ No___

Do you smoke? Yes___ No___

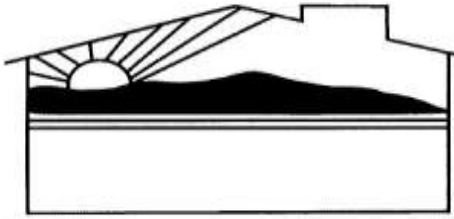
Have you had any issues with bedbugs? Yes___ No___

I hereby authorize Four Horizons Realty, Inc. or a third party authorized by Four Horizons Realty, Inc., to obtain information in connection with my rental application. This information includes but is not limited to a credit and background check on the application. I hereby understand this rental application becomes part of the lease and agreement.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF SPOUSE _____ DATE _____



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Resident Name: _____

Address at Time of Residency: _____, _____, _____
Street Address City State Zip Code

I hereby authorize you to release information regarding my tenancy to the inquiring landlord:

Signature Printed Name Date

*****FOR OFFICE USE ONLY*****

LANDLORD

The applicant named above has applied for a rental with us. This applicant has indicated that you are a present or past landlord. The applicant has authorized us to request and receive information relating to his/her rental history at your property. Please answer all questions below and return this statement by fax as soon as possible. We appreciate your timely response. Thank you.

Return via fax at (660) 665-0463 or email 4horizonsrealty@cableone.net

Please note if the applicant is a ___ current tenant or a ___ past tenant at your tenant.

Move-In Date: _____ Lease Ending Date: _____

Amount of Rent: \$ _____

Number of late payments: _____

Number of people living in unit: _____

Was proper notice given? ___ YES ___ NO

Is there any past due amount currently owed on the account? ___ YES ___ NO

Did the tenant comply with all rental policies? ___ YES ___ NO

Did the tenant have any pets? ___ YES ___ NO

Have legal proceedings ever been filed on this tenant? ___ YES ___ NO

Did the tenant leave the rental in good condition? ___ YES ___ NO

Any issues with bedbugs? ___ YES ___ NO

Is tenant eligible for re-rental? ___ YES ___ NO

Signature Title Date