

Four Horizons Realty, Inc.

Rental Application

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

PROPERTY APPLYING FOR _____
DESIRED MOVE IN DATE _____
NUMBER OF OCCUPANTS _____

APPLICANT _____ SSN# _____ DATE OF BIRTH _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

SPOUSE _____ SSN# _____ DATE OF BIRTH _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

CURRENT ADDRESS _____

CURRENT LANDLORD _____ PHONE # _____

HOW LONG AT CURRENT ADDRESS _____ CURRENTLY IN A LEASE? Y N WHEN DOES THE LEASE END? _____

ADDRESS OF PREVIOUS RENTAL _____

PREVIOUS LANDLORD _____ PHONE # _____

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

How long do you think you would be renting from us? _____ Price range you are looking for _____

Have you declared bankruptcy in the last 7 years? Yes ___ No ___ Have you ever been convicted of a felony? Yes ___ No ___

Have you ever intentionally refused to pay rent? Yes ___ No ___ Have you ever been evicted from tenancy? Yes ___ No ___

Have you had any issues with bedbugs? Yes ___ No ___ Do you smoke? Yes ___ No ___

EMPLOYMENT:

EMPLOYER _____ SUPERVISOR NAME: _____

PHONE # _____ Length of Employment _____

SPOUSE EMPLOYER _____ SUPERVISOR NAME: _____

PHONE# _____ Length of Employment _____

STUDENT? Y N NAME OF SCHOOL _____ YEAR IN SCHOOL _____

VEHICLES:

YEAR _____ MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE _____

YEAR _____ MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE _____

PARENT/EMERGENCY CONTACT

NAME _____ PHONE# _____

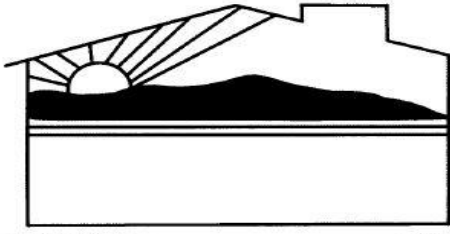
ADDRESS (including City/State/Zip) _____

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 applicant. 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: _____

Spouse 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	_____ Spouse Signature	_____ Spouse Printed Name	_____ Date
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The applicant named above has applied for an apartment 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 for your cooperation.

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

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

LANDLORD

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
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