



# Four Horizons Realty, Inc.

## Rental Application

703 N. Marion Street  
P.O. Box 536  
Kirksville, MO 63501  
Phone: (660) 665-3400  
Fax: (660) 665-3037

PROPERTY \_\_\_\_\_  
APPLYING FOR \_\_\_\_\_  
DESIRED \_\_\_\_\_  
MOVE IN DATE \_\_\_\_\_  
# OCCUPANTS \_\_\_\_\_  
# OCCUPANTS \_\_\_\_\_  
OVER 18 YRS \_\_\_\_\_

APPLICANT \_\_\_\_\_ SSN# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

SPOUSE \_\_\_\_\_ SSN# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

CURRENT LANDLORD \_\_\_\_\_ PHONE # \_\_\_\_\_

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

ADDRESS OF PREVIOUS RENTAL \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

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

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) 665-3037 or email [4horizonsrealty@gmail.com](mailto:4horizonsrealty@gmail.com)**

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

### LANDLORD

Please note if the applicant is a \_\_\_ current tenant or a \_\_\_ past tenant.

Move-In Date: \_\_\_\_\_ Lease Ending Date: \_\_\_\_\_

Amount of Rent: \$ \_\_\_\_\_

Number of late payments: \_\_\_\_\_

Utilities paid by tenant: Electricity\_\_\_ Water\_\_\_ Gas\_\_\_

Number of people living in unit: \_\_\_\_\_

Are you any relation to the applicant? \_\_\_ YES \_\_\_ NO

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