

Rental Application

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

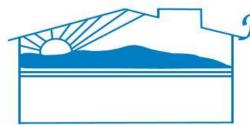
PROPERTY APPLYING FOR
DESIRED
MOVE IN DATE
OCCUPANTS
OVER 18 YRS

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 CU	JRRENTLY IN F	A LEASE? Y N WHEN DOES THE LEASE END?
ADDRESS OF PREVIOUS RENTAL	(CI	TY)(STATE)(ZIP)
PREVIOUS LANDLORD		PHONE #
Do you have any pets? Y N If yes, please give de	etail (number, s	ize, 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? Y	/es 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
	EMPLOY	<u>/MENT:</u>
EMPLOYER	8	SUPERVISOR NAME:
PHONE #		ength of Employment
SPOUSE EMPLOYER	s	UPERVISOR NAME:
PHONE#	L	ength of Employment
STUDENT? Y N NAME OF SCHOOL		YEAR IN SCHOOL
	VEHIC	
YEAR MAKE MODEL_		COLOR LICENSE PLATE
YEAR MAKE MODEL_		COLOR LICENSE PLATE
	RENT/EMERG	ENCY CONTACT
NAME		PHONE#
ADDRESS (including City/State/Zip)		
•		d by Four Horizons Realty, Inc., to obtain information in connection to a credit and background check on the applicant. I hereby

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

understand this rental application becomes part of the lease and agreement.



Four Horizons Realty, Inc.

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Resident Name:		Spouse Name:			_	
Address at Time of Residence	cy:		,			
	Street Address		City	State	Zip Code	
I hereby authorize you	to release information reg	garding my tena	ancy 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

LANDLORD

Please note if the applicant is a curren	t tenant or a p	past tenant.	
Move-In Date:	te:		
Amount of Rent: \$			
Number of late payments:			
Number of people living in unit:			
Utilities paid by tenant: Electricity Y N	Water Y N	Gas Y N (Please mark Y or N for each)	
Are you any relation to the applicant?		YES	NO
Was proper notice given?		YES	NO
Is there any past due amount currently owe	ed on the account?	YES	NO
Did the tenant comply with all rental policie	s?	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 con	dition?	YES	NO
Any issues with bedbugs?		YES	NO
Is tenant eligible for re-rental?		YES	NO
Signature			