



1207 Washington Ave
St. Louis, MO 63103
tel: 314.241.7368 or 314.436.2787
fax: 314.241.5484

RENTAL APPLICATION Equal Housing Opportunity

The undersigned hereby makes an application to rent unit located at: _____

Anticipated move date of _____ Monthly rent of \$ _____

PLEASE TELL US ABOUT YOURSELF:

Full Name _____ Home Phone _____

Date of Birth _____ Social Security # _____

Email Address: _____ (optional) Other Phone _____

Co-Applicant Name _____

Co-Applicant Date of Birth _____ Social Security # _____

Dependents _____

Dependents Dates of Birth _____

List All Pets _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____ City _____

State _____ Zip _____

Month/Year Moved In _____ Reasons for Leaving _____

Current Rent \$ _____

Owner/Agent _____ Phone _____

Previous Address (last 3 years) _____

Month/Year Moved In _____ Reasons for Leaving _____

Rent \$ _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____

Have you ever been evicted from a rental residence? Yes _____ No _____

Have you had two or more late rental payments in the past year? Yes _____ No _____

Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed

Employer _____

Dates employed _____ Employed as _____

Supervisor Name _____ Phone _____

Salary \$ _____ per _____.

(If employed by above less than 12 months, give name & phone of previous employer or school:
_____.)

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source/Contact Name _____

PLEASE LIST YOUR REFERENCES Banking Accounts:

Name _____ Type of Account _____ Account Number _____
Name _____ Type of Account _____ Account Number _____

Personal Reference or Emergency Contact:

Name _____ Address _____
Phone _____ Relationship _____

Driver's License:

Your Driver's License Number _____ State _____
Co-Applicant Driver's License Number _____ State _____

Vehicle Information:

Make / Model _____ Year _____ License Plate State _____

ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

Primary Applicant

Date

Co-Applicant

Date

Thank you for your interest in our property!

Charrette Community Management