ST. PETERS SENIOR CITIZEN CORPORATION 200 CARDINAL PLACE #49 ST. PETERS, MO 63376

636-278-6003

RENTAL APPLICATION					
Applicant's Full Name	Social Secur	Social Security No			
Date of Birth					
Co-Applicant's Full Name (Spouse only)	Social Secu	rity No			
Date of Birth					
Current Address					
(Number Street	City	State	Zip code)		
Current Phone #	Length of time at present ac	ength of time at present address			
Current Landlord or Mortgage Holder					
Landlord or Mortgage Holder Address		Phone #			
If renting, amount of monthly payment	Reason for Moving	_ Reason for Moving			
Previous Address					
Previous monthly payment	_ Reason for Moving				
Do you know anyone who lives at the Senior Village?_	If yes, who				
Are you able to care for yourself? W	ill you have your own vehicle w	hile living here	?		
Do you use an assistance device (i.e., motorized scoote	er, wheelchair, service animal)?	Circle any that	t apply.		
Have you been arrested or convicted of a crime in the	past ten years?If yes	s, in what state	/county?		
Have you claimed bankruptcy in the past ten years?	If yes, when				
Will you authorize a background check to be performe	d at your expense (approx. \$39))?			
Have you ever been subject to an eviction?	If yes, when				
EMPLOYME	NT INFORMATION				
Current Employer		How Long?			
Employer's Address	Pho	Phone No			
Current Co-applicant's Employer		How Long?			
Employer's Address	Pho	one No			

STATEMENT OF INCOME AND ASSETS

TOTAL INCOME - List the annual gross income of applicant and co-applicant:

DATE SIGNED

	Employment Wages	\$	
	Retirement Pension	\$	
	Social Security (including Medicare)	\$	
	S.S.I. Disability	\$	
	Military or V.A. Benefits	\$	
	Unemployment	\$	
	Workman's Compensation	\$	
	Dividends	\$	
	Income from Business/Farming	\$	
	Real Estate/Rental Income	\$	
	Alimony	\$	
	Interest Income (CD's, Bank Accts, etc)	\$	
	Other	\$	
	TOTAL	\$	
	BANKING INFO AND R	EFERENCES	
Primary Bank_		Branch Phone #	
Checking Acco	unt # S	Savings Account #	
Personal Refer	rence	Phone Number	
Relatio	onship		
Personal Refer	rence	Phone Number	
Relatio	onship		
*****	***************	*************	
I certify that th a separate loca	= - = - = - = - = - = - = - = - = - = -	my permanent residence and that I will not reside a	
I certify I am c	urrently able to care for myself.		
I certify that I	will not smoke (including E-cigarettes) on the pro	perty.	
I certify I will r	not care for a pet on the property.		
I certify I will p	ourchase renters insurance with \$300,000 liability	y.	
I understand if	f any false information is provided, I will be subjec	t to termination of lease.	
-	application for an apartment and certify that the erence I have listed.	e above information is correct. I authorize you to	
APPLICANT'S	SIGNATURE		
CO-APPLICAN	JT'S SIGNATURE		

THIS COMPLEX DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, SEX, GENDER, OR HANDICAPPED STATUS.

IF APPLICABLE, PLEASE SIGN THE TOP OF THIS FORM AND HAVE YOUR CURRENT LANDLORD FILL OUT THE BOTTOM

LANDLORD REFERENCE VERIFICATION

Release: I hereby authorize the release	of the information requested below:	
Applicant Signature	Date	
The individual named above has applied ask your cooperation in providing the fo	-	or Village. We
When did the applicant reside at the cur	rent address: fromto)
What type of rental property is this?	houseapartment	
What is the monthly rent? \$		
Was the tenant ever late with a rent pay. If yes, when and how many times Did other lease violations occur?	3	
Was the applicant responsible for paying	g their own utilities?	_
What was the security deposit?		
Did the applicant have a pet?	_yesno	
Did the applicant smoke in the unit?	yesno	
Would you rent to the applicant again?	yesno	
I CERTIFY THAT THE ABOVE INFORM	MATION IS TRUE AND CORRECT.	
LANDLORD SIGNATURE	TITLE	
DATE	TELEPHONE	