

RENTAL AGREEMENT Application fee \$

Complex _____ ERMELING PROPERTIES Date of Occupancy _____
Apt. Type _____ 2296 GALLAHER ST.
Apt. Assigned _____ ST. CHARLES, MO 63301 Mgm. Approval _____
FAX: (636) 688-3494

Full Name _____ Social Security Number _____ Birthdate _____
Male _____ Female _____ Marital Status _____ Age _____

Present Address _____
Street _____ City _____ State _____ Zip Code _____

How Long _____ Own _____ Rent _____ Telephone # _____
Name of Landlord, If Renting _____ Amount of Rent _____
Why are you leaving present address? _____

Parent of Nearest Relative NOT Living With You _____ Relationship _____
Street _____ City _____ MO _____ Zip Code Telephone # _____

Name of Present Employer _____ How Long _____ Telephone # _____
Street _____ City _____ MO _____ Zip Code _____

Position _____ Name of Supervisor _____ Salary _____
Subject to Transfer _____ Previous Employer _____ How Long _____

Wife's/Roommate's Name _____ Social Security Name _____
Last _____ Madien _____ First _____
Employer _____ How Long _____

Street _____ City _____ MO _____ Zip Code Telephone # _____
Position _____ Salary _____

Children: How Many _____ Ages _____ Boys _____ Girls _____ Total Occupants _____
Number of Automobiles _____ Other Vehicles _____
Make _____ Year _____ Color _____ License # _____
Make _____ Year _____ Color _____ License # _____
Driver's License Number (Husband) _____ State _____ (Wife) _____ State _____

Emergency Contact Information
Name _____ Address _____ Telephone # _____
Name _____ Address _____ Telephone # _____

List the Name and Address of Three (3) Places where you have an Open Account or Loan (Do Not use Utility Companies). Indicate the Account or Loan Number.

Name of Company _____ Address _____ Describe Open Account or Loan; Total Indebtedness and Monthly Payment _____

Savings Account: Yes _____ No _____ Name of Bank and/or Savings and Loan and Account Number: _____

Checking Account: Yes _____ No _____ Name of Bank and Account Number: _____

I/We certify that the above information is true, to the best of my/our knowledge. I/we understand I/we acquire no rights in an apartment until: (1) Approval and acceptance of this application. (2) Sign a lease in the form submitted to me and make a deposit of \$ _____ on the apartment I/we have selected, (which deposit is to be held as long as I/we occupy the apartment) and Pay one full month's rent in advance before occupancy of the property. All rent is due and payable in ADVANCE AT THE MANAGER'S OFFICE, ON OR BEFORE THE FIRST DAY OF EACH MONTH. If I/we fail or refuse to execute the lease when requested to do so, the deposit may be retained as liquidated damages in payment for the time and effort in processing this application. PLEASE BRING A COPY OF YOUR DRIVERS LICENSE . AND A COPY OF YOUR LAST PAY CHECK STUB. I/We acknowledge and authorize that any and all of the above information may be used by the lessor or his/her representative in any way connected with the processing and review of this application and may be disclosed to third parties at any time in the discretion of the lessor or his/her representative.

Date _____ Applicant's Signature _____

DO NOT WRITE BELOW THIS LINE

Applicant: Approved _____ Unapproved _____ By: _____ Date: _____