



515 Olive Street Saint Louis, MO 63101 | 314-421-4500 | 515olivestl@gmail.com

Location Applying For: \_\_\_\_\_

### RENTAL APPLICATION

\*\*\*COMPLETE ALL SECTIONS AND SIGN—PLEASE PRINT CLEARLY\*\*\*  
FAILURE TO COMPLETE ALL SECTIONS CAN BE GROUNDS FOR DENIAL

Today's Date: \_\_\_\_\_ Move-in Date: \_\_\_\_\_ Lease Term: \_\_\_\_\_  
Type of unit applying for:  Lg. studio  XL Studio  1 bed  2 bed Unit # (if known) \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Your Hm. # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Marital Status:  single  married  separated  divorced  widowed Maiden Name \_\_\_\_\_  
Spouse/Other: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

No. of occupants: \_\_\_\_ List occupants below: (All occupants must meet eligibility guidelines)

Name (first/last) \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name (first/last) \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name (first/last) \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ PH # ( ) \_\_\_\_\_

How did you hear about us? Apartments.com  Craigslist  Drive/Walk by  Other \_\_\_\_\_  
Do you have/need a co-signer?  yes  no Co-signer Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### RESIDENTIAL HISTORY (single/non-married applicants must fill out separate applications)

1. Present Landlord/Complex name: \_\_\_\_\_ Landlord's ph# ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City/state/zip \_\_\_\_\_ Rent Amt \$ \_\_\_\_\_  
Date rented From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2. Previous Landlord/Complex name: \_\_\_\_\_ Landlord's ph# ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City/state/zip \_\_\_\_\_ Rent Amt \$ \_\_\_\_\_  
Date rented From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

3. Please fill in your Mother's address:

\_\_\_\_\_ Apt # \_\_\_\_\_ City/State/Zip \_\_\_\_\_

4. Please fill in your Father's address: (if different from above)

\_\_\_\_\_ Apt # \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**EMPLOYMENT/ OTHER INCOME/ FINANCIAL**

1. Employer: \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Income \$ \_\_\_\_\_ per Month

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Ph# \_\_\_\_\_

Hours per week \_\_\_\_\_ Supervisor name and phone: \_\_\_\_\_

[Be sure to complete the attached Employment Verification Release Form \(Page 4\)](#)

2. Previous Employer: \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Income \$ \_\_\_\_\_ per Month

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Ph# \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor name and phone: \_\_\_\_\_

3. Spouse/Other Employer: \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Income \$ \_\_\_\_\_ per Month

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Ph# \_\_\_\_\_

Hours per week: \_\_\_\_\_ Supervisor name and phone: \_\_\_\_\_

4. Other Income (per month): SSI \$ \_\_\_\_\_ SSD \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

5. Obligations per month: Car(1) \$ \_\_\_\_\_ Car(2) \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Credit Cards \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

6. Bank Name: \_\_\_\_\_ Checking: \_\_ yes \_\_ no / Savings: \_\_ yes \_\_ no

**ADDITIONAL INFORMATION**

Driver's license #: \_\_\_\_\_ State \_\_\_\_\_

Spouse's/other driver's license #: \_\_\_\_\_ State \_\_\_\_\_

Do you own recreational vehicles, motorcycles, etc? \_\_\_\_\_ If so, specify \_\_\_\_\_

Do you need garage parking: \_\_ Yes \_\_ No How Many Spaces: \_\_\_\_\_

A.) license plate # \_\_\_\_\_ State issued \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color: \_\_\_\_\_ Year \_\_\_\_\_

B.) license plate # \_\_\_\_\_ State issued \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color: \_\_\_\_\_ Year \_\_\_\_\_

Please list a Character Reference who is not related to you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph # \_\_\_\_\_

**GENERAL QUESTIONS (MUST ANSWER ALL QUESTIONS - refusal to answer is grounds for denial)**

**Have you, your spouse, or any occupant listed, ever:**

- 1. Been evicted or asked to leave property? yes no
- 2. Been in litigation with a landlord? yes no
- 3. Broken a rental agreement or lease contract? yes no
- 4. Been sued for non-payment or rent or damages? yes no

If yes, then list: Date \_\_\_\_\_ Landlord \_\_\_\_\_

Explain \_\_\_\_\_

- 5. Declared bankruptcy? yes no
- 6. Had any accounts placed for collection since bankruptcy or ever if bankruptcy does not apply? yes no
- 7. Had credit problems? yes no
- 8. Had a utility company placed for collection? yes no

If yes, please provide: Date \_\_\_\_\_ Explain: \_\_\_\_\_

**Have you, your spouse, or any occupant listed, ever been convicted, pled guilty, or “no contest” to:**

- 9. A felony, misdemeanor, or any crime? yes no
- 10. A sex crime or listed on a sex offenders list? yes no
- 11. A drug-related offense? yes no
- 12. Received deferred adjudication for a crime? yes no

If yes, please provide: Date \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_

Name at time of conviction: \_\_\_\_\_ List convictions: \_\_\_\_\_

**False statements or incomplete information will be grounds for denial of this application.**

This application must be signed by all adults who will occupy the apartment before it can be considered by the landlord. Acceptance of this application, and any monies deposited here with is not binding upon Landlord until approved by Landlord. If applicant withdraws, ALL monies deposited INCLUDING SECURITY DEPOSIT shall be forfeited to the landlord. Security Deposit is only refundable at the fulfillment of the lease term. In compliance with the Fair Housing Credit Report Act this notice is to inform you that the processing of this application includes but is not limited to making inquires deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. The undersigned agree that this application and any information obtained will remain the property of Brandonview LLC and its undersigned successor, Apartments For You. A photographic, faxed, e-mailed, etc copy of this authorization will be recognized as an original.

I hereby grant this property and Brandonview LLC the right to process this application for the purpose of obtaining a rental lease agreement with this property and subsequently in case of violation of lease agreement. Additionally, I authorize all corporations, companies and law enforcement agencies, credit bureaus, academic and financial institutions, current and previous landlords, and current and former employers to release information they may have about me, including criminal records, and release them from any liability and responsibility from doing so. **THE FEE FOR APPLICATION IS \$45.00 (\$25.00 each additional applicant or cosigner) AND IS NON-REFUNDABLE.**

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Spouse/ Other Applicant Signature

\_\_\_\_\_  
Date

**Employment Verification Release Form**

*Top portion to be completed by applicant, lower portion by employer or employer's authorized representative*

This is to authorize Brandonview II LLC. (dba. Gallery 400 Luxury Apartments) and its assigned collection agencies to verify my employment upon receiving credit with our office.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address of Employer

\_\_\_\_\_  
Employer Phone:

\_\_\_\_\_  
Employer Fax:

\_\_\_\_\_  
Print Rental Applicant's Name

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Rental Applicant (authorizing employer to answer below questions)

***To be completed by employer or employer's authorized representative:***

To whom it may concern,

This is to verify that \_\_\_\_\_ is working as  
(Employee's name)

\_\_\_\_\_ since \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Position/title) (Hire date)

He/She is holding a \_\_\_\_\_ permanent position \_\_\_\_\_ temporary position.

\_\_\_\_\_  
Employer's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print employer's (or authorized representative's) name & title