



4140 Washington Ave. St. Louis, MO 63108 | 314-534-1323 | galleryleasing@yahoo.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