

Tenant Screening Application

Monthly Rent:\$			Preferred Move-In 1	Date:	· · · · · · · · · · · · · · · · · · ·
First Name:	Mid		ast:		
Former Name:		1	<i>.</i>		
E-Mail:	M				
			one Number		
SSN:			one Number		
	рор				
Occupancy Information:	vvill manida an the man				
Total number of people who	will reside on the prope	rty:		~	0.70
Name:	DOB:	Name:		n	OB:
Name:	DOB:	Name:		Ω	OB:
Traine.	DOB	Name:		D	OB:
Do you have a co-signer? If	yes, Name:		Contact Information	1:	
5-Year Residential History				***************************************	
Current Address:					
City:		State:		7in:	-
	Holder:	Contact I	formation	Z.p	
Rent:	Dates Occupied: From:	To:	normation.		
Reason for Moving:					
Previous Address:		-			<u> </u>
City.		State.		7in:	-
Landlord/Mortgage I	Holder:	Contact It	formation:	Zip	
ixciit.	Dates Occupied: From:	10:			
Reason for Moving:	•	~ ~			
Previous Address:					
City:	Jolder:	State:		7in:	•
	lolder:	Contact Ir	formation:	Z.tp	
Rent:	Dates Occupied: From:	To:	ioimation		
Reason for Moving:		10			
Income Information					
Primary Employer:					
Address:		City		State	Zip_
i ilie:	Monthly Salar	rv· \$	Start Date:		
Are you full-time or part-time?	(Circle one) Are you	self-employed? Ye	s or No (Cirlcle On	e) If ves	- skin nevt section
Supervisor Name:	C	Contact Information	:	.c) 11 ycs,	skip next section
Secondary Employer:Address:					
Address:		City_		State	Zip
litle:	Monthly Salar	y: \$	Start Date:		
Supervisor Name:	C	ontact Information	•	•	
Other Income: Source: Source:			Monthly Amor	unt:	



Name: Emergency Contacts:		
Name:	Relationship: Relationship:	Phone Number:Phone Number:
PLEASE ANSWER THE FOLLOW 1. Have you ever been convicted of a If yes, please explain:	WING FOUR QUESTIONS: crime? Yes No	
2. Have you ever been evicted from to	enancy or left owing money?	les No
3. Have you ever willfully refused to p	av mont -1 's	
4. Are you currently receiving a subside	ly or housing and the orange	
HomeScreen will perform a hoals	check, including credit report and will then make a recommendaty owner always makes the fina	and criminal background check, and verify
 the gross household income is at l no applicant has any evictions or n no applicant has been convicted of felonies involving drug distribution 	east three times the rent negative rental references in the f any violent felonies, felonies in n or manufacturing	nvolving crimes against people or properties, or
If you do not meet the above criteria, pleas non-recommended application if previous	se contact the landlord before	ompleting the application. He/she may override a mind that the application is non-refundable.
Signature of Applicant		Date



<u>add:</u> 2337 S Kingshighway, St. Louis, MO 63110 tel: 314-865-5530 ext. 103 fax: 314-865-2540

Permission to Obtain Information	Date:			
Applicant's Name:				
Address:				
Social Security #:				
I do hereby give my permission for HomeScreen and/or it	s representatives to obtain the following information.			
(Applicant's Signature)				
FOR OFFICE USE ONLY – APPLICA	NTS DO NOT WRITE INSIDE THE BOX			
Dear Reference of the Applicant:				
The undersigned has given you as a reference in applying the requested information. Please complete this information. Please reply as quickly as possible, as property is being have complete information. Thank you in advance for your cooperation. Landlord/Mortgage Holder Information	tion at your earliest convenience. The held and we are awaiting your response in order to			
Verified by:	Employment Verification			
Address being verified:				
Dates of residency: From:To:				
Lease expiration date:				
Rent amount: \$ Rent Assistance? Yes No	# Hours in typical work week:			
Number of late payments:	Or Hourly Rate: \$			
Number of tenants residing in apartment/home: .dultsChildren				
Did tenant give at least 30 days' notice? Did tenant/guests cause any disturbances? Did tenant/guests destroy any property? Would you rent to this tenant again? Yes No Yes No Yes No				