

WELCOME HOMES CREDIT SERVICES
A Division of Credit Information Corporation
Phone (314) 344-0084/636-856-9206/Toll Free 888-647-3100

ACCOUNT #
(REQUIRED) 1430

Client Requesting Report: **(REQUIRED)** WESTFIELD APARTMENTS Client Phone: ()

Client Email Address: _____

Address of unit/community: _____ Monthly rent: _____ Subsidized: ☐ No ☐ Yes
(required)

NAME _____ PHONE: ()

SOCIAL SECURITY NUMBER _____ *DATE OF BIRTH _____

IS CO-APPLICANT CURRENT SPOUSE? ☐ YES ☐ NO

NAME OF CO-APPLICANT/SPOUSE _____

IF APPLYING WITH A CO-APPLICANT/SPOUSE IT WILL REQUIRE A SEPARATE APPLICATION.

RENTAL/RESIDENCE HISTORY	*CURRENT RESIDENCE	PREVIOUS RESIDENCE	PRIOR RESIDENCE
STREET ADDRESS			
CITY			
STATE & ZIP CODE			
RENT AMOUNT			
LANDLORD/MORTGAGE HOLDER			
LANDLORD PH #/EMAIL ADDRESS			
DATES OF RESIDENCY	FROM: TO:	FROM: TO:	FROM: TO:

***MANY CURRENT LANDLORDS REQUIRE NOTICE TO VACATE BEFORE THEY WILL RELEASE RENTAL INFORMATION.**

EMPLOYMENT HISTORY	*CURRENT LOCAL EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	PREVIOUS EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	SOURCE OF OTHER INCOME <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
EMPLOYED BY			
EMPLOYER ADDRESS			
EMPLOYER PHONE NUMBER			
OCCUPATION/POSITION			
NAME OF SUPERVISOR			
MONTHLY OR HOURLY GROSS PAY			
DATES OF EMPLOYMENT	FROM: TO:	FROM: TO:	FROM: TO:

***IF TRANSFERRING WITH YOUR CURRENT EMPLOYER, PROVIDE LOCAL EMPLOYER'S CONTACT NAME, PHONE NUMBER, & ADDRESS.**

Required: Provide valid verification of income, such as recent pay stub. If self-employed, we will require a copy of your most recent income tax return, a copy of your current P&L statement, and balance sheet. If your source of income is not through employment (i.e. Retirement, Pension, SSI, Child Support, etc.) documentation is required. If you have acquired new employment we will require an employment offer letter.

WHCS DOES NOT CONTACT THIRD PARTY EMPLOYMENT VERIFICATION SERVICES THAT CHARGE A FEE.

If you are responsible for child support, alimony, or maintenance payments indicate amount \$ _____ per month. Payroll deducted ☐ yes ☐ no?

CHARACTER REFERENCES: NAME OF NEAREST RELATIVE (OTHER THAN SPOUSE)

1.	Name	Relation	Full Address	Phone
2.	Name	Relation	Full Address	Phone

THE FOLLOWING OCCUPANTS (AND NO OTHERS) ARE TO OCCUPY SAID DWELLING: _____ Date occupancy is to begin _____
(Birth dates are requested in order to determine the potentiality of contractual liability.)

HUSBAND (NAME/BIRTHDATE) _____ WIFE (NAME/BIRTHDATE) _____

CHILDREN (NAME/BIRTHDATE) _____ OTHER (NAME/BIRTHDATE) _____

Have you ever been convicted of a Felony?	Are you a registered sex offender?	How many pets? (List types, breed, weight)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been evicted? If so, when?	How did you hear about us?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have an open Ch. 13 Bankruptcy?	Do you have any garnishments?	Anyone in the unit smoke?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

RELEASE OF INFORMATION AUTHORIZATION

In signing this authorization the undersigned states that the lease application information is warranted to be true and hereby authorizes the firm to whom the application is made and Welcome Homes Credit Services (WHCS) investigate the references herein used, or the statements or other data obtained from me or from any other firm or person pertaining to my employment background, source of income, credit history, residential history, financial responsibility, or possible criminal history. The undersigned specifically authorizes WHCS to obtain my credit report. The undersigned agrees that this application shall remain the property of WHCS and the firm to whom this application is made. The undersigned further recognizes that WHCS, in its investigation procedures does not consider any information obtained, through its investigation, to be confidential and a full disclosure of pertinent facts may be made to the landlord or other firm(s).

I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for rental housing and does not constitute a rental lease agreement in whole or part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund even if I'm declined for housing.

Notice to applicant: An investigative consumer report including information as to credit and financial responsibility, character, general reputation, personal characteristics and mode of living, whichever are applicable, may be presented to the firm to whom this application is made. You may request a copy of your credit report by calling Equifax at 800-685-1111 or log into www.equifax.com/FCRA and follow the prompts.

SHOULD YOU HAVE A SECURITY FREEZE ON YOUR CREDIT FILE, THERE IS AN ADDITIONAL \$20.00 FEE TO REPULL THE REPORT.

ANY MISREPRESENTATION OF THE APPLICATION INFORMATION WILL CAUSE AN IMMEDIATE DENIAL

Applicant Signature: _____ Date: _____
(Required) (Required)

Applicant Printed Name: _____

Applicant Email Address: _____

Signed (Registered Manager/Authorized Agent) _____

NOTE TO APPLICANT: HERE ARE SOME TIPS FOR HELPING US TO EXPIDITE YOUR RENTAL APPLICATION PROCESS;

1. Complete your rental application thoroughly. It takes extra time for us to obtain information from outside sources.
2. Make sure all contact information on your application is accurate (provide names, phone numbers, addresses, etc.)
3. If you are currently under a Ch. 13 Bankruptcy, please provide your monthly payment and proof of payment history from the bankruptcy trustee/court.
4. Allow 24-72 to process your application. Contact landlord for results.