



Return Completed Application to:  
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 ➤ Fax: (618) 632-4990

**Rental Application - \$25 Non-Refundable Application Fee**

**Applicant**

Name \_\_\_\_\_  
 (First Middle Last)  
 Present Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Soc Sec # \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Driv. Lic. # \_\_\_\_\_ St \_\_\_\_\_ Exp \_\_\_\_\_

**Spouse/Roommate**

Name \_\_\_\_\_  
 (First Middle Last)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Soc Sec # \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Driv. Lic. # \_\_\_\_\_ St \_\_\_\_\_ Exp \_\_\_\_\_

Current Landlord \_\_\_\_\_  
 Phone \_\_\_\_\_  
 How Long \_\_\_\_\_ Rent Payment \$ \_\_\_\_\_  
 Are you in good standing with Landlord? Y or N  
 Given Current Landlord 30 Days Notice? Y or N

Current Landlord \_\_\_\_\_  
 Phone \_\_\_\_\_  
 How Long \_\_\_\_\_ Rent Payment \$ \_\_\_\_\_  
 Are you in good standing with Landlord? Y or N  
 Given Current Landlord 30 Days Notice? Y or N

**ARE YOU OR YOUR SPOUSE CURRENTLY IN BANKRUPTCY OR WAGE EARNER? \_\_\_\_\_**  
**HAVE YOU OR YOUR SPOUSE EVER FILED FOR BANKRUPTCY OR WAGE EARNER? \_\_\_\_\_**

**Credit Report Authorization**

The credit application must be filled out completely; the undersigned furnishes the following as being a full, true and correct statement on the date given below. The undersigned hereby authorizes 1<sup>st</sup> Alliance Real Estate to obtain a credit report from any credit-reporting agency and run a criminal background check and to interview third parties, such as family members, business associates, financial sources, friends and neighbors. This inquiry includes information as to character, general reputation, mode of living and anything deemed necessary by Lessor. Applicant(s) agree that the owner or owner's agent shall have the right to determine the suitability of any prospective tenant and/or to reject an applicant for any reason not prohibited by law.

\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Spouse/Roommate Signature Date

\_\_\_\_\_  
 Accepted/Date

\_\_\_\_\_  
 Rejected/Date

Office Use Only:  
 Property Location: \_\_\_\_\_ Rent Amt: \_\_\_\_\_ Dep. Amt: \_\_\_\_\_  
 If Applicable, 1<sup>st</sup> Month's Pro-Rated Rent Amt: \_\_\_\_\_ Lease Begin Date: \_\_\_\_\_

**Additional Information to be completed by ALL Parties:**

**Applicant**

Previous Address \_\_\_\_\_

Landlord \_\_\_\_\_

Phone \_\_\_\_\_

How Long \_\_\_\_\_ Rent Payment \$ \_\_\_\_\_

Are you in good standing with Landlord? Y or N

Given Previous Landlord 30 Days Notice? Y or N

Employer \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Direct Supervisor \_\_\_\_\_

Phone \_\_\_\_\_

Length of Empl \_\_\_\_\_ Salary/Mo \$ \_\_\_\_\_

**If employed for less than one year, please list previous employment with address and phone:**

Applicant \_\_\_\_\_

**Spouse/Roommate**

Previous Address \_\_\_\_\_

Landlord \_\_\_\_\_

Phone \_\_\_\_\_

How Long \_\_\_\_\_ Rent Payment \$ \_\_\_\_\_

Are you in good standing with Landlord? Y or N

Given Previous Landlord 30 Days Notice? Y or N

Employer \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Direct Supervisor \_\_\_\_\_

Phone \_\_\_\_\_

Length of Empl \_\_\_\_\_ Salary/Mo \$ \_\_\_\_\_

Spouse/Roommate \_\_\_\_\_

**Additional Income:**

Child Support/Month \$ \_\_\_\_\_

Social Security/Month \$ \_\_\_\_\_

Other \_\_\_\_\_ /Month \$ \_\_\_\_\_

Child Support/Month \$ \_\_\_\_\_

Social Security/Month \$ \_\_\_\_\_

Other \_\_\_\_\_ /Month \$ \_\_\_\_\_

**Please List ALL Persons who will be residing at the Property:**

	Name	Age	Soc. Sec. #	Relationship to Primary Tenant
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

**Please List ALL Vehicles to be parked on or around Premises on a daily basis:**

	License #	State	Year	Make	Model	Color
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

**In case of Emergency Please Notify the Following:**

	Name	Phone	Address	City	State
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

- **Do you or any member of your household smoke:** \_\_\_\_\_
- **Have you ever been evicted or refused to pay rent for any reason (if yes, please explain):**  
\_\_\_\_\_
- **Reason for moving:** \_\_\_\_\_
- **Do you have Pets? If yes, please describe:** \_\_\_\_\_

(NOTE: A \$200 non-refundable pet deposit is required per pet if pet is approved by owner.)