

WELCOME HOMES CREDIT SERVICES

A Division of Credit Information Corporation / 3800 McKelvey, Bridgeton, MO 63044

Management Co. or Landlord Requesting Report: _____ Phone # 314-427-3645
 Community: _____ Monthly Rent: \$

Name: Mr./Ms. _____ Phone No. _____
 Social Security No. _____ *Date of Birth _____ Drivers License No. _____
*DATES OF BIRTH ARE REQUESTED IN ORDER TO OBTAIN ACCURATE RETRIEVAL OF RECORDS.

Marital Status (optional): Married Separated Widowed Divorced Single How long? _____

Spouse's Name: _____ Maiden Name: _____

Spouse's Social Security Number: _____ Spouse's Date of Birth: _____ Spouse's Driver's License Number: _____

Present Address: _____ How Long? _____ From _____ To _____
Number Street City State Zip

Landlord or Mortgage Holder: _____ Phone No. _____ Monthly Rent/Payment: \$

Previous Address: _____ How Long? _____ From _____ To _____
Number Street City State Zip

Landlord or Mortgage Holder: _____ Phone No. _____ Monthly Rent/Payment: \$

Previous Address: _____ How Long? _____ From _____ To _____
Number Street City State Zip

Landlord or Mortgage Holder: _____ Phone No. _____ Monthly Rent/Payment: \$

Employed By: _____ Address: _____ Phone No. _____

Position: _____ Supervisor: _____ How Long? _____ From _____ To _____ Gross Mo. Salary? \$

Previous Employer (If in Current Position Less Than One Year):

Employed By: _____ Address: _____ Phone No. _____

Position: _____ Supervisor: _____ How Long? _____ From _____ To _____ Gross Mo. Salary? \$

Spouse's Employer: _____ Address: _____ Phone No. _____

Position: _____ Supervisor: _____ How Long? _____ From _____ To _____ Gross Mo. Salary? \$

Other Income? YES NO

Source of Other Income: _____ Gross Dollar Amount: \$ Per Year Month

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

1.	NAME	RELATION	ADDRESS	CITY	STATE	PHONE NO.
2.	NAME	RELATION	ADDRESS	CITY	STATE	PHONE NO.

CREDIT REFERENCES: BANK NAME: _____

Credit Reference	Due Monthly	Balance	Credit Reference	Due Monthly	Balance

If you are responsible for child support, alimony or maintenance payments indicate amount \$ _____ per Month Year
 Monthly child care expenses (babysitter, nursery, pre-school, etc.) \$ _____

Vehicle Information (Please list vehicles you will park on the property, whether or not they are still being financed).

	Make	Model	Year	Color	Date Purchased	Monthly Payment	Balance
1.							
2.							

Reason for Moving? Getting divorced or separated Nicer Apartment Lower Rent Roommate Moved
 Living at home Job Transfer Moving from another area
 More convenient to: Work School Recreation Other Reason: _____
How did you learn about us? Newspaper Sign Phone Book Friend Other _____
Type of unit required: Townhouse Garden Monthly Rent \$ _____ Number of Bedrooms? _____
Pets? Yes No Not permitted unless specified and approved by authorized agent. Number of Pets? _____ Type _____

The following occupants (and no others) are to occupy said apartment:
(Birth dates are requested in order to determine the potentiality of contractual liability.)

1. _____	Date Occupancy is to begin: _____
2. _____	Birth Date: _____
3. _____	Birth Date: _____
4. _____	Birth Date: _____

ADDRESS OF UNIT _____

In signing this application, the undersigned states that the above information is warranted to be true and hereby authorizes the firm to whom this application is made and Welcome Homes Credit Services, hereinafter referred to as WHCS, to investigate the references herein used, or 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 bureau 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 investigative 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 firms. I further agree to pay the cost of WHCS's report not to exceed \$ _____ which will not be deducted from the deposit.

Notice to consumer: 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, the consumer, have the right to request in writing a complete disclosure of the nature and scope of the investigation. Your request should be addressed to WHCS and must be made within sixty (60) days of the date that the application is approved or not approved.

Signed: X _____ Spouse: X _____ Date: _____
APPLICANT SPOUSE

ANY MISREPRESENTATION OF THE ABOVE INFORMATION WILL CAUSE AN IMMEDIATE DENIAL

Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to applicant, or credited toward any deposit which may be required of applicant at the time a rental agreement is executed. If applicant withdraws the application, a fee of \$ _____ will be retained by Landlord. If the apartment is held for applicant for more than _____ days, all monies shall be forfeited to Landlord.

Reservation Deposit with application \$ _____
 Reservation Deposit for pets (if allowed) \$ _____
 Miscellaneous Deposit \$ _____
 Total Deposit with application \$ _____

 Resident Manager or/Authorized Agent

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RE: _____

TO WHOM IT MAY CONCERN:

Please be advised that the undersigned has authorized the disclosure of the following information:

LANDLORD INFORMATION

When did the account open? _____ Close? _____
 What was the monthly payment? \$ _____
 Did the resident(s) pay promptly? Yes No
 If no, explain _____

Did the resident(s) give a thirty (30) day notice? Yes No
 Were there any disturbances or property damage? Yes No
 If yes, explain _____

Did the resident(s) request a large number of work orders? Yes No
 Is the undersigned currently past due? Yes No
 If past due, amount past due? \$ _____
 Has the undersigned had any returned checks? Yes No
 Number of returned items? _____

Has the undersigned had any late charges? Yes No

Number of late charges?	Number of times late five days?	Number of times late 30 days?	Number of times late 60 days?	Number of times late 90 days?

Is there a co-resident signed on the lease? Yes No
 Is the lease guaranteed by a co-signer? Yes No
 Are the resident(s) currently receiving any housing subsidy? Yes No
 Were there any unauthorized residents? Yes No
 Would you re-rent to this resident(s)? Yes No
 If no, explain _____

EMPLOYMENT INFORMATION

What date was the applicant hired? _____
 If terminated, the date employment terminated? _____
 What position does (did) this applicant hold? _____

What is (was) the applicant's salary? _____ /month _____ /year _____ /hour
 Full or part time? Full Time Part time If part time, hours per week? _____
 Does the applicant currently have any garnishments? Yes No

We would appreciate your reply as soon as possible. Thank you.

Sincerely yours,

 RESIDENT MANAGER OR AUTHORIZED AGENT

AUTHORIZED BY:

X _____
 APPLICANT'S SIGNATURE

X _____
 APPLICANT'S SIGNATURE