

Garcia Properties

(314) 353-0336
info@gpstl.com

Please have each co-resident and/or co-signer submit a separate application.

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Social Security # _____ Phone _____

Marital status (**circle one**) single, married, divorced, separated

Present Address _____ City, State, Zip Code _____

Landlord or Mortgage Holder _____ Phone _____ How Long? _____ Monthly Payment _____

Previous Address (if less than 2 years at present address) _____ City, State, Zip _____

Landlord or Mortgage Holder _____ Phone _____ How Long? _____ Monthly Payment _____

List all Other Adults to Occupy this Apartment _____

List all Other Children to Occupy this Apartment _____

List all Pets to Occupy this Apartment (breed, color, age & weight) _____

Make of Car _____ Year _____ License # _____ State _____ Monthly Payment _____ Financed by _____

Make of Car _____ Year _____ License # _____ State _____ Monthly Payment _____ Financed by _____

Name & Relationship of Nearest Relative _____ Address _____ Phone _____

Name of Relationship of 2nd Nearest Relative _____ Address _____ Phone _____

Employer _____ Position _____ How Long? _____

Supervisor _____ Phone _____ Gross Monthly Income _____

Former Employer (if in current position less than 1 year) _____ Position _____ How Long? _____

Supervisor _____ Phone _____ Gross Monthly Income _____

Spouses' Employer _____ Position _____ How Long? _____

Supervisor _____ Phone _____ Gross Monthly Income _____

Source of Other Income _____ Gross Dollar Amount _____ per year or month? _____

Bank Name _____ Last 4 digits of checking acct _____ Balance _____

Address _____ Last 4 digits of savings acct _____ Balance _____

Why are you leaving your present residence? _____

Why did you choose to rent from us? _____

How did you hear about us? (**please circle one**) just stopped by building, from a friend (name) _____, newspaper ad, from a "for rent" sign in yard, apartment locator agency (name) _____, internet (name of website) _____, from a flyer posted location) _____ other: _____

Do you smoke? (**please circle one**) yes no Email address _____

Desired Apartment Address _____ Anticipated Move-in Date _____ # of Bedrooms _____ Monthly Rent _____

Applicant represents that all of the above statements are true & complete, and hereby authorizes verification of the above information, references, & credit records. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of the right of occupancy, and/or forfeiture of deposits. I have read & agree to the provisions as stated. Once accepted, I agree to sign lease & pay necessary move-in monies within 72 hours, otherwise I will forfeit my \$100 holding deposit. I also understand that application fees are non-refundable.

Signed:

Applicant's signature

Spouse's signature

Date

****APPLICANT: Please only sign at the bottom of this page. Remainder of page for office use only.**

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? _____ When did the account close? _____ What was the monthly payment? _____

Did the resident(s) pay promptly? _____ If no, please explain: _____

Did the resident(s) give a 30-day notice to vacate? _____ Is the undersigned currently past due? _____ Amount past due \$ _____

Were there any disturbances or property damage? _____ If yes, please explain: _____

Did the resident(s) request a large number of work orders? _____ If yes, please explain: _____

Has the undersigned had any returned checks? _____ How many? _____ Has the undersigned had any late charges? _____ How many? _____

Number of times 5 days late _____ Number of times 30 days late _____ Number of times 60 days late _____ Number of times 90 days late _____

Is there a co-resident on the lease? _____ Is there a co-signer? _____

Are the resident(s) currently receiving any housing subsidy? _____ Where there any unauthorized residents? _____

Would you re-rent to the resident(s) _____ If no, please explain _____

Employment Verification:

What date was the applicant hired? _____ ; if terminated, the date _____ What position does the applicant hold? _____

What is the applicant's monthly, yearly, or hourly wage? _____ Full time/Part time (**please circle one**)

If part time, hours per week _____ Does the applicant currently have any garnishments? _____

Credit & Loan Information:

What date was the account opened? _____ What is the high credit? _____ Number of payments _____ Amount of payment _____

The current balance _____ How many payments were late, number of times over: _____x15, _____x30, _____x60, _____x90, _____x120

When is the applicant next due? _____ Is the credit secured or unsecured? _____

Bank Reference:

The undersigned authorizes the release of any and all information related to their deposit relationship. If the undersigned has any additional deposit relationships, please provide the following information.

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

Authorized by:

Applicant's Signature

Printed name

Date