

FERNANDO BORREGO · 573-561-4662
EMERALD BLUFF APT
EMERALD BLUFF DR. #17
FREDERICKTOWN, MO 63645

Lease Application

Application for Lease agreement, if known: Apartment # _____

Application Lease Term of: 6-Month 12-Month

Desired date of Occupation: _____

Number of Adult Occupants: _____

Number of Minor Occupants: _____

Please let us know why you are looking for an apartment:

How did you hear about us:

Please only one:

- 12-Month Lease: \$6000 (\$500 per month)
- 6-Month Lease: \$3120 (\$520 per month)

Please select all that apply:

- REQUIRED Deposit: \$500
- Smoking Fee: \$250
- Pet Fee: \$250

The Applicant understand that if this application is accepted and the applicant fails to execute a lease before the beginning date specified above, or does not pay the required deposit, fees and first monthly payment the deposit will be forfeit as liquidated damages.

It is also understood that if the application is not accepted or if the premises are not ready for occupancy the applicant on the beginning date specified above the deposit shall be returned to the applicant upon the applicant's request

Checks Payable to: **Emerald Bluff**

APPLICANT 1 HISTORY

Applicant 1 Name: _____

Present Address: _____

Length of Time at the Present Address: _____

If Applicable, Landlord Name: _____

If Applicable, Landlord Phone Number: _____

Current Monthly Payments: _____

Prior Address, if Present Address for less than 3 years: _____

If Applicable, Landlord Name: _____

If Applicable, Landlord Phone Number: _____

Reason for Moving: _____

Social Security Number: _____ -- _____ -- _____

Driver's License Number: _____

EMPLOYEMENT (See Attached Employment Verification Form)

Employer _____

Employer Phone Number _____

Position _____

Length of Employment _____

Income: _____

Additional Income: _____

Source of Additional Income: _____

APPLICANT 1 INCOME VERIFICATION

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT ONE OF THE FOLLOWING SUBMITTED WITH THIS APPLICATION.

Please Provide One of the Following:

- **Copies of 2 pay check stubs**
- **Your employer's payroll summary for the most current 2 month period**
(This should include taxes withheld and year to date totals)
- **Copies of the most current 2 month bank statements**
(You can black out all information except deposit information)

APPLICANT 1 PERSONAL REFERENCES

Please submit at least 3 personal references, limit your Familial references to 1 and your 'Friend' references to 1.

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

APPLICANT 2 HISTORY (if applicable)

Applicant 2 Name: _____

Present Address: _____

Length of Time at the Present Address: _____

If Applicable, Landlord Name: _____

If Applicable, Landlord Phone Number: _____

Current Monthly Payments: _____

Prior Address, if Present Address for less than 3 years: _____

If Applicable, Landlord Name: _____

If Applicable, Landlord Phone Number: _____

Reason for Moving: _____

Social Security Number: _____ -- _____ -- _____

Driver's License Number: _____

EMPLOYEMENT (See Attached Employment Verification Form)

Employer _____

Employer Phone Number _____

Position _____

Length of Employment _____

Income: _____

Additional Income: _____

Source of Additional Income: _____

APPLICANT 2 INCOME VERIFICATION (if applicable)

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT ONE OF THE FOLLOWING SUBMITTED WITH THIS APPLICATION.

Please Provide One of the Following:

- **Copies of 2 pay check stubs**
- **Your employer's payroll summary for the most current 2 month period**
(This should included taxes withheld and year to date totals)
- **Copies of the most current 2 month bank statements**
(You can black out all information except deposit information)

APPLICANT 2 PERSONAL REFERENCES (if applicable)

Please submit at least 3 personal references, limit your Familial references to 1 and your 'Friend' references to 1.

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

CO-SIGNER INFORMATION (if applicable)

Co-Signer Name: _____

Present Address: _____

Length of Time at the Present Address: _____

If Applicable, Landlord Name: _____

If Applicable, Landlord Phone Number: _____

Prior Address, if Present Address for less than 3 years: _____

Length of Time at the Prior Address: _____

If Applicable, Prior Landlord Name: _____

If Applicable, Prior Landlord Phone Number: _____

Social Security Number: _____ -- _____ -- _____

Driver's License Number: _____

EMPLOYEMENT (See Attached Employment Verification Form)

Employer _____

Employer Phone Number _____

Position _____

Length of Employment _____

Income: _____

Additional Income: _____

Source of Additional Income: _____

COSIGNER INCOME VERIFICATION (if applicable)

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT ONE OF THE FOLLOWING SUBMITTED WITH THIS APPLICATION.

Please Provide One of the Following:

- **Copies of 2 pay check stubs**
- **Your employer's payroll summary for the most current 2 month period**
(This should included taxes withheld and year to date totals)
- **Copies of the most current 2 month bank statements**
(You can black out all information except deposit information)

PET APPLICATION (if applicable)

To qualify your pet must be below 30lbs (**when full grown**)

Pet Name: _____

Breed: _____

Veterinary Phone Number: _____

Pet Name: _____

Breed: _____

Veterinary Phone Number: _____

Veterinary Phone Number: _____

APPLICANT SECTION

I represent that the information provided in this application is true and correct to the best of my knowledge. Emerald Bluff Luxury Apartments is authorized to verify the references and employment information given in this application and to request a credit check. I acknowledge receipt of a copy of this application.

Applicant 1 Signature _____ Date _____

Applicant 1 Phone number _____

Applicant 2 Signature _____ Date _____

Applicant 1 Phone number _____

CO-SIGNER SECTION

I represent that the information provided in this application is true and correct to the best of my knowledge. Emerald Bluff Luxury Apartments is authorized to verify the references and employment information given in this application and to request a credit check. I acknowledge receipt of this application.

Co-Signer's Signature _____ Date _____

It is against the law to discriminate against prospective tenants on the basics of race, religion, national origin, age, or disability. Local or State laws may include additional classes which are protected from discrimination in housing.

The information provided by the prospective tenants(s) may be used by Emerald Bluff Apartments to determine whether to accept this application. Upon written request, Emerald Bluff Luxury Apartments will disclose to the applicant, within 60 days, in writing, the nature and scope of any investigation, and will, if the applicant is refused, state in writing the reason for refusal.

REQUEST FOR VERIFICATION OF PRESENT EMPLOYMENT

Privacy Act Notice: This information is to be used by the Emerald Bluff or its assignees in determining whether you qualify as a prospective lessee. You do not have to provide this information, but if you do not your application for approval a prospective lessee may be delayed or rejected.

Employer:

Landlord:

Emerald Bluff Apartments
111 Emerald Bluff, #17
Fredericktown, MO 63645
Fx: 573-783-8875

I certify that this Request for Verification of Present Employment was authorized by:

Applicant Name and Address (Employee ID if applicable)

Signature

Date:

VERIFICATION OF PRESENT EMPLOYMENT

Applicant's date of Hire

Probability of Continued Employment

Current Gross Base Pay _____

Annual Hourly Monthly Other: _____

Remarks (If employee was off work for any length of time, please indicate time period and reason)

Authorized Employer Name _____

Authorized Employer Signature _____

Authorized Employer Title _____

Authorized Employer Phone No. _____

Date of Verification Completion _____

REQUEST FOR VERIFICATION OF PRESENT EMPLOYMENT

Privacy Act Notice: This information is to be used by the Emerald Bluff or its assignees in determining whether you qualify as a prospective lessee. You do not have to provide this information, but if you do not your application for approval a prospective lessee may be delayed or rejected.

Employer:

Landlord:

Emerald Bluff Apartments
111 Emerald Bluff, #17
Fredericktown, MO 63645
Fx: 573-783-8875

I certify that this Request for Verification of Present Employment was authorized by:

Applicant Name and Address (Employee ID if applicable)

Signature

Date:

VERIFICATION OF PRESENT EMPLOYMENT

Applicant's date of Hire

Probability of Continued Employment

Current Gross Base Pay _____

Annual Hourly Monthly Other: _____

Remarks (If employee was off work for any length of time, please indicate time period and reason)

Authorized Employer Name _____

Authorized Employer Signature _____

Authorized Employer Title _____

Authorized Employer Phone No. _____

Date of Verification Completion _____