



A P A R T M E N T S

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:

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How did you hear about us:

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Please only one:

12-Month Lease

6-Month Lease

Please select all that apply:

REQUIRED Deposit

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 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 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.

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Applicant 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 1 Phone number \_\_\_\_\_

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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.

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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 as 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

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Date: 

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**VERIFICATION OF PRESENT EMPLOYMENT**

Applicant's date of Hire

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Probability of Continued Employment

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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.

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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

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Date: 

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**VERIFICATION OF PRESENT EMPLOYMENT**

Applicant's date of Hire

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Probability of Continued Employment

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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 \_\_\_\_\_