

APPLICATION FOR RESIDENCY

CHESTERFIELD PLACE APARTMENTS
14644 Rialto Drive
Chesterfield, Missouri 63017
Phone: 314-469-6791
Fax: 314-469-8992

TO BE COMPLETED BY MANAGEMENT STAFF

Move In Date: _____ / _____ / _____
Unit Address: _____
Unit Description: _____ Bedroom/_____ Bath
Monthly Rent: \$ _____ .00
Flat Fee (W/S/T): \$ _____ .00
Pet Rent: \$ _____ .00
Carport: \$ _____ .00
Security Deposit: \$ _____ .00
Administrative Fee: \$ _____ .00
Pet Fee: \$ _____ .00
Lease Term: _____ Months
Marketing Source: _____

PLEASE PRINT CLEARLY

APPLICANT INFORMATION:

First: _____ Middle Initial: _____ Last: _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____

Home/Cell Phone Number(s): _____ - _____ - _____ / _____ - _____ - _____ No. of Dependents: _____

Email Address: _____

Current Street Address: _____ City: _____

State: _____ Zip Code: _____ Apt. #: _____ Rent or Own: _____ Length of Residency: _____
(If Own/Monthly Mortgage: \$ _____ .00)

Landlord Name: _____ Phone Number: _____ - _____ - _____ Monthly Rent: \$ _____

If You Have Lived At Your Current Address For Less Than Three Years:

Previous Street Address: _____ City: _____
State: _____ Zip Code: _____ Apt. #: _____ Rent or Own: _____ Length of Residency: _____
(If Own/Monthly Mortgage Amount: \$ _____ .00)

Employment History:

Current Employer: _____ Phone: _____ - _____ - _____
Employer Address: _____ City: _____
State: _____ Zip Code: _____ Length of Employment: _____ Title: _____

Salary: \$ _____ .00/Per Month (Please Round to the Nearest Dollar.)

If You Have Been Employed With Your Current Employer For Less Than Three Years:

Previous Employer: _____ Phone: _____ - _____ - _____
Employer Address: _____ City: _____
State: _____ Zip Code: _____ Length of Employment: _____

Other Sources of Income:

(Please Round to the Nearest Dollar.)

Social Security:	\$ _____ .00/Per Month	Grants:	\$ _____ .00/Per Month
Child Support:	\$ _____ .00/Per Month	Disability:	\$ _____ .00/Per Month
Pension:	\$ _____ .00/Per Month	Other:	\$ _____ .00/Per Month

SPOUSE INFORMATION:

First: _____ Middle Initial: _____ Last: _____

Date of Birth: ____/____/____ Social Security Number: _____-_____-_____

Home/Cell Phone Number(s): _____-_____-_____/_____-_____-_____

Email Address: _____

If You Have Lived At Your Current Address For Less Than Three Years (and different from address above):

Previous Street Address: _____ City: _____
State: _____ Zip Code: _____ Apt. #: _____ Rent or Own: _____ Length of Residency: _____
(If Own/Monthly Mortgage: \$ _____ .00)

Employment History:

Current Employer: _____ Phone: _____ - _____ - _____
Employer Address: _____ City: _____
State: _____ Zip Code: _____ Length of Employment: _____ Title: _____
Salary: \$ _____ .00/Per Month (Please Round to the Nearest Dollar.)

If You Have Been Employed With Your Current Employer For Less Than Three Years:

Previous Employer: _____ Phone: _____ - _____ - _____
Employer Address: _____ City: _____
State: _____ Zip Code: _____ Length of Employment: _____

Other Sources of Income: (Please Round to the Nearest Dollar.)

Social Security: \$ _____ .00/Per Month Grants: \$ _____ .00/Per Month
Child Support: \$ _____ .00/Per Month Disability: \$ _____ .00/Per Month
Pension: \$ _____ .00/Per Month Other: \$ _____ .00/Per Month

Vehicle Information:

Auto License Number: _____ State of Registry: _____ Year/Make/Model: _____
Auto License Number: _____ State of Registry: _____ Year/Make/Model: _____

Pet Information:

Dog: _____ Cat: _____ Breed: _____ Weight: _____

Additional Information:

Have You Ever Filed Bankruptcy? _____ (Yes/No) If Yes, Year Filed: _____

Been Evicted From Tenancy? _____ (Yes/No)

SHOULD THIS APPLICATION BE ACCEPTED BY THE LESSOR (OWNER) OR AGENT, THE \$ _____ .00 WILL BE APPLIED AS THE SECURITY DEPOSIT. THE TOTAL SECURITY DEPOSIT IS REFUNDABLE WITHIN THIRTY (30) DAYS AFTER YOU HAVE VACATED THE PREMISES, PAID ALL MONIES OWED, RETURNED THE APARTMENT KEYS AND THERE ARE NO DAMAGES OR CLEANING CHARGES OWING.

IF HOWEVER, APPLICANT CANCELS THIS STATED AGREEMENT TO RENT AFTER THIS APPLICATION HAS BEEN APPROVED BY LESSOR (OWNER) OR AGENT, THEN APPLICANT FORFEITS ALL CLAIM TO THE SECURITY DEPOSIT AS FIXED LIQUIDATED DAMAGES.

PLEASE READ ALL TERMS BELOW AND SIGN:

It is understood the premises are to be used as a **residence** to be occupied by not more than ____ person(s) and that occupancy is subject to possession being delivered by present occupant. An **Application Fee in the sum of \$ _____.00** and a **Security Deposit in the sum of \$ _____.00** received on ____/____/____ has been deposited with Landlord, with the clear understanding that this application, including each prospective occupant, is subject to approval and acceptance by the Landlord in its sole discretion. I hereby authorize Landlord to obtain information it deems desirable in the processing of my application and during tenancy, including; **credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, consumer reports and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.** Upon approval and acceptance, the Applicant agrees to execute a lease before possession is given and to pay the **Security Deposit** and the **First Month's Rent** upon being notified of acceptance; failing which the **Application Fee** will be retained by Landlord as the agreed compensation for credit investigation, processing and verification of the application, other expenses and/or loss or rent, and the Landlord shall have no further obligation to Applicant. In no event is the **Application Fee** or **Security Deposit** refundable to the Applicant, except in the event that the Landlord fails to deliver possession of the premises as may be required by any lease executed between the parties. The Applicant hereby waives any claim for damages by reason of non-acceptance of this application, which the Landlord or his agent may reject without stating reason for so doing. It is further agreed that if any information herein is false, the lease made on the strength of the application may at the option of the Landlord, be terminated any time.

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

TO BE COMPLETED BY MANAGEMENT STAFF

Name of Apartment Community: **CHESTERFIELD PLACE APARTMENTS**

Applicant Process:

Application:
Comments:

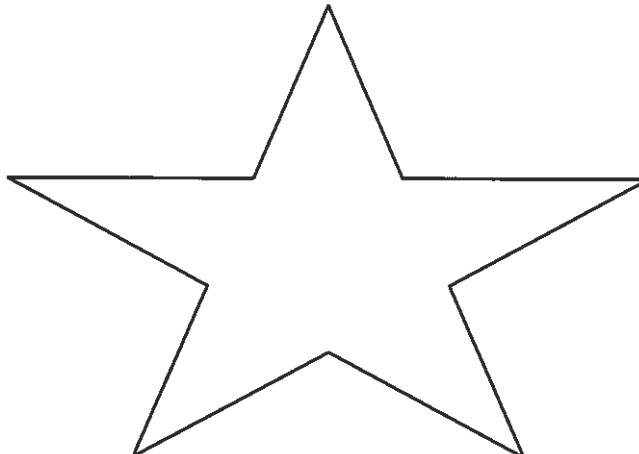
Approved / Denied

By:

(Community Manager's Signature)

Date:

____/____/____



RENTAL APPLICATION CRITERIA

(Revised April 2015)

Welcome to our Community. In order to reside in our Community, we require each Applicant and each Adult Occupant to meet certain rental criteria. Before you complete a Rental Application, we encourage you to review these requirements to determine if you are eligible.

Please note, these are **our current rental criteria** and nothing in these requirements shall constitute a guarantee or representation by our Community that all Residents and Occupants currently residing in our Community have met these requirements. There may be Residents and Occupants that have resided here prior to these requirements going into effect; additionally, our ability to verify whether these requirements are met is limited to the information we receive from various resident reporting services.

ALL APPLICANTS AND EACH ADULT OCCUPANT MUST COMPLETE A SEPARATE RENTAL APPLICATION. MARRIED COUPLES MAY SUBMIT A SINGLE APPLICATION.

Items A through I apply to the Resident(s) responsible for paying the rent under the Apartment Lease.

Item E applies to all Applicants and Adult Occupants.

A. INCOME: Monthly combined income for Occupant or Husband/Wife must be **three (3) times** the monthly rent. For Roommates the combined monthly income must be **four (4) times** the monthly rent. Verification can include pay stubs, written verification from income sources, phone verification by an employer, bank statement, statements from accountants, tax returns, etc.

B. RENTAL HISTORY: Applicant must have a minimum of **twelve (12) months** satisfactory rental history or proof of home ownership. Satisfactory history is defined as no more than two (2) late payments, no more than one (1) returned check, the Resident gave adequate notice to vacate, and there are no outstanding financial obligations to the Landlord. The previous Landlord must state that they would be willing to re-rent to the Applicant.

C. CREDIT HISTORY: Applicant's credit history must not have any open collection accounts within the last **one (1) years**, bankruptcies and judgments within the last **two (2) years**, and have established at least one full year of good credit history since the date of the collection, bankruptcy or judgement.

Existing credit must be more than 70% positive with 50% of positive credit being current (must have established good trade more recent than the negative). Positive credit being a rating of 3 or lower; ratings of 4 or higher is considered negative. Applicants with no credit history must meet all other rental criteria.

D. OCCUPANCY GUIDELINES: All Residents must be 21 years of age or a Full Time Student which may apply with a guarantor. **No more than two (2) occupants per bedroom.**

An occupancy limit of two (2) **persons per bedroom** residing in a dwelling unit shall be presumed reasonable. The two (2) person limitations shall not apply to a child or children born to the resident(s) during the course of the lease. Residents that do have a child or children born during the course of the lease will be required to transfer to another available apartment with more bedrooms at the end of the lease term.

E. GUARANTORS may sign for the lease agreement but must submit a Rental Application and meet all rental criteria and have income equal to **five (5) times** monthly rent. Guarantors must pay an application fee and will not be accepted for applicant with insufficient credit history.

F. AN INSURANCE POLICY MUST BE OBTAINED AND MAINTAINED THROUGHOUT RESIDENCY.

G. FALSE INFORMATION: Any falsification of information on the application will automatically disqualify the application and all deposits and application monies will be forfeited.

H. APPLICATION: To reserve an apartment home a check/money order for Application Fee, a check/money order for occupancy permit where applicable and a check/money order for Security Deposit must be given to Management.

I. CANCELLATION OF APPLICATION: If the Applicant finds it necessary to cancel a move in, the deposit check for Security Deposit will be refunded provided the cancellation takes place within seventy-two (72) hours after approval of Rental Application.

THIS COMPANY AND THIS COMMUNITY DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, OR FAMILIAL STATUS.

I HAVE READ AND UNDERSTAND THE RENTAL APPLICATION CRITERIA.

Applicant

Date

Applicant

Date

Applicant

Date

Applicant

Date

VERIFICATION OF EMPLOYMENT AND SALARY

To Whom It May Concern:

The person named below has made application for residency at Chesterfield Place Apartments. We kindly request your firm to complete the information which will assist us in qualifying our future resident for their new apartment home.

TO BE COMPLETED BY APPLICANT:

Name: _____

Social Security Number: _____ - _____ - _____

Company Name: _____

Contact Person: _____

TO BE COMPLETED BY EMPLOYER:

Position: _____

Length of Employment: _____

Income/Salary: \$ _____ .00/Per Month

\$ _____ .00/Annually

Person Providing Information: _____
(Signature)

(Printed Name)

Title/Position: _____

Should you have any questions regarding this request, do not hesitate to contact our office during normal business hours. We wish to thank you in advance for your prompt attention in this matter.

Community Manager/Wolff Properties Representative
Chesterfield Place Apartments
14644 Rialto Drive
Chesterfield, Missouri 63017
Phone: 314-469-6791
Fax: 314-469-8992

Date: _____

Applicant Signature

Date: _____

Applicant Printed Name
(Please Print Clearly)

RESIDENT VERIFICATION REQUEST

To Whom It May Concern:

The person named below has made application for residency at Chesterfield Place Apartments. We kindly request you complete the information below and return to us via fax (314-469-8992) or email (_____) at your earliest convenience.

Applicant: _____

Applicant Address: _____

TO BE COMPLETED BY LANDLORD:

Move-In Date: _____/_____/_____

Current Monthly Rent: _____,00

Current Lease Expiration Date: _____/_____/_____

Was Proper Notice Given By Occupant? _____ Yes/_____ No

Is Occupant Current On Rent? _____ Yes/_____ No
(If No, Balance Owed: \$_____.____)

Has Occupant Incurred Late Payments? _____ Yes/_____ No
(If Yes, Number of Late Payments: _____)

Has Occupant Incurred NSF Checks? _____ Yes/_____ No
(If Yes, Number of NSF Checks: _____)

Would You Rent To This Individual Again? _____ Yes/_____ No

If No, Please Provide An Explanation:

Should you have any questions do not hesitate to contact us. We wish to thank you in advance for your prompt attention in this matter.

Community Manager/Wolff Properties Representative
Chesterfield Place Apartments
14644 Rialto Drive
Chesterfield, Missouri 63017
Phone: 314-469-6791
Fax: 314-469-8992

Date: _____

Applicant Signature

Applicant Signature

Applicant Printed Name
(Please Print Clearly)

Applicant Printed Name
(Please Print Clearly)

Date: _____/_____/_____

Date: _____/_____/_____