



METRO LOFTS RENTAL APPLICATION

TO BE COMPLETED BY APPLICANT:

The undersigned hereby makes application to rent unit number _____ in building _____ located at
The Metro Lofts beginning on _____, _____, at a
monthly rate of \$ _____ for _____ months. Marketing Source : _____.

Applicant Name: _____ Social Security #: _____ - _____ - _____

Date of Birth: _____ Driver's License State and #: _____ Exp: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-Mail Address: _____

Name of Spouse: _____ Social Security #: _____ - _____ - _____

Date of Birth: _____ Driver's License State and #: _____ Exp: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-Mail Address: _____

Name(s) & Age(s) of any Minor Occupants: _____

Pets (Number, Breed & Weight): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Month & Year Moved In: _____ Reason for Leaving: _____

Own or Rent: _____ Phone (_____) _____

Current Monthly Rent/Mortgage: \$ _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Month & Year Moved In: _____ Reason for Leaving: _____

Owner or Agent: _____ Phone (_____) _____

Current Monthly Rent/Mortgage: \$ _____

Employment Status: Full-Time _____ Part-time _____ Student _____ Retired _____ Unemployed _____

Your Monthly Gross Income: \$ _____

Employer: _____ Phone: (_____) _____

Address: _____

Position: _____ Date Employed: _____

Supervisor: _____ Phone # (_____) _____ Fax# (_____) _____

Spouses Employment Status: Full-Time _____ Part-time _____ Student _____ Retired _____ Unemployed _____

Monthly Gross Income: \$ _____

Employer: _____ Phone: (_____) _____

Address: _____

Position: _____ Date Employed: _____

Supervisor: _____ Phone # (_____) _____ Fax# (_____) _____

If there are other sources of income you would like us to consider, please list income, source, and person (Banker, Employer, etc.) who we could contact for confirmation. You **DO NOT** have to reveal alimony or child support income unless you want us to consider it in this application.

Source: _____ Amount \$ _____

Address: _____ Phone #: (_____) _____

MONTHLY OBLIGATIONS (Include Credit Cards, Mortgage, Auto & Student Loans, Child Support, Alimony, etc):

Name of Creditor	Address	Account #	Balance Owed	Monthly Payment

Have You or Your Spouse Ever:	Yes	No	Details:
Filed for Bankruptcy?			
Been evicted from Tenancy?			
Willfully or intentionally refused To pay rent when due?			

In case of Personal Emergency, Notify: _____

Address: _____ Phone #: (_____) _____

I/WE HEREBY DEPOSIT \$ _____ AS A RESERVATION DEPOSIT TO BE REFUNDED ONLY IF THIS APPLICATION IS NOT ACCEPTED.

I/WE HEREBY DEPOSIT \$ _____ AS A NON REFUNDABLE WAITLIST RESERVATION FEE TO BE ADDED TO THE WAITING LIST. IF THIS APPLICATION IS APPROVED, THIS RESERVATION FEE WILL BE APPLIED TO THE SECURITY DEPOSIT. _____ / _____ Initials

72hr. Cancellation Clause

Upon acceptance of this application, I/We may cancel this reservation deposit (s) within 72 hours of this offer for any reason for a full refund. Otherwise, this deposit(s) shall be retained by the owner/management company of property until the completion of the lease and any subsequent renewals. _____/_____ Initials

If this application is not approved the accepted deposit(s) will be refunded after ten (10) working days from the date of deposit. _____ Initials

The applicant hereby waives any claim for damages for non-acceptance and understands that the owner/management may reject applicant without stating any reason for doing so. I/We authorize that as a part of the application process, a screening company will prepare a consumer report which will contain a credit report, criminal history, employment and rental references to confirm that I/we meet the rental criteria. _____ Initials

I/We understand that I/we must sign the lease documents within 30 Days of this offer of being accepted and that the \$50.00 application fee is non-refundable. _____ Initials

The information, to the best of my knowledge, is true and correct.

_____ X _____ Date: _____ Name (please print) Signature
_____ X _____ Date: _____ Name (please print) Signature
Date Received: _____ Received By: _____ Approved: _____ Date _____

Renter Signature Authorization

PART 1 - General Information

1. Applicant(s)

2. Name and address of Landlord

Metro Lofts
4535 Forest Park Ave
Suite 109
St. Louis, MO 63108

3. Date

4. Landlord Contact

5. Landlord Phone Number
(314) 367-2400

PART 2 - Applicant Authorization

I hereby authorize Metro Lofts, LLC to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my rental application. I further authorize Metro Lofts, LLC to order a consumer credit report and verify other credit information., including past and present landlord references.

It is understood that a copy of this form will also serve as authorization.

The information Metro Lofts, LLC obtains is only to be used in the processing of my rental application.

(Social Security #)

(Social Security #)

(Social Security #)

(Social Security #)

PRIVACY ACT NOTICE: This information is to be used by the landlord in determining whether you qualify as a prospective renter under its program. This information will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective renter may be delayed or rejected