

West End Management and Leasing Services, Inc.
9666 Olive BLVD. Suite 116
St. Louis, MO 63132
Office: 314.994.7440
Fax: 314.994.3242

RENTAL APPLICATION

(This offer is legally binding, if not understood, seek competent legal advice before signing)

This application consists of page 1 and page 2. The truth of the information contained herein is essential, and if the owner or agent acting on behalf of the owner deems any answer or statement herein to be false or misleading, it shall be construed that any lease granted by virtue of this application may be canceled at their option.

1. It is understood that the premises applied for are to be used as a residential dwelling to be occupied by not more than the number of persons listed in the application(s), and that occupancy is subject to possession being delivered by the present occupant. Occupancy of single family residences shall conform with applicable zoning laws, and in case of condominiums, with applicable by-laws, rules and regulations. Any and all personal property placed in subject premises shall be at the applicant's risk.
2. **An application-processing fee of \$50.00 per person for the first two adult applicants plus \$10.00 for each additional adult applicant must accompany this application.** You will be contacted within 3-5 business days from receipt of your application with regards to the status of the processing. Total amount of application fee accompanying this offer \$ _____.
3. After approval and acceptance, written or oral, of the application by owner the applicant agrees to remit within 72 hours, certified funds made payable to West End Leasing Services for the amount of the first month's rent and to execute a lease in accordance with the terms of the application. **Failure to remit funds as specified above will cause the subject property to remain on the market and failure to execute lease will result in forfeiture of all certified funds plus application processing fee.**
4. Any lease to be executed will be written to terminate on the last day of the month. The prorated rent, if applicable, shall consist of the number of days from the first day of occupancy through the end of that month, times 1/30th of the monthly rent. Prorated rents apply to the 2nd month of occupancy. In no event shall a tenant be granted occupancy without first month's rent paid in full.
5. The total Security Deposit is equal to one or one and a half month's rent (or as otherwise agreed upon) depending on the property and is due and payable on or before the effective date of the lease. **This Security Deposit is payable to the owner in certified funds and will be held by owner regardless of who actually manages the property.**

By signing this application the applicant(s) acknowledge, agree and/or authorize the following:

- Agree to apply for all utility services before taking occupancy of the leased premises and agree to pay all applicable utilities and will pay all necessary deposits.
- Agree to furnish lessor with a Certificate of Public Liability Insurance in amount not less than \$300,000 and to keep policy in effect during the term of this lease and any extension thereof. Proof of this insurance must be provided to West End Management & Leasing prior to occupying.
- Authorize West End Management and Leasing Services, Inc. and any credit bureau or other investigative agency employed by such firm to investigate and to report and/or release/discard to the property owner or his duly authorized property manager the results of the references herein listed, statements and other data obtained from applicant(s) or from any person pertaining to applicant(s) credit, employment, rent history and financial responsibility.
- **Acknowledges that they are aware that West End Management and Leasing Services, Inc. (IS) (IS NOT) Managing the premises applied for, and that the following funds are due and payable upon signing of the lease and PRIOR to possession of the premises:**

SECURITY DEPOSIT	\$ _____
FIRST MONTH'S RENT	\$ _____
PET DEPOSIT	\$ _____
ADDITIONAL FEES	\$ _____
TOTAL FUNDS NECESSARY TO OCCUPY PREMISES	\$ _____

*****All funds received after acceptance of this application MUST be in the form of CERTIFIED CHECK OR MONEY ORDER*****

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- Acknowledges that the application processing fee in the amount of \$ _____ is not refundable and agrees to sign a lease within seven (7) working days (or as otherwise agreed upon between parties) of acceptance and acknowledges that failure on their part to do so will cause the loss of the first month's rent as stated herein and loss of their rights to occupy the premises.
- Acknowledges that the premises have been inspected and agrees to accept them in their current condition, with the following exceptions: _____

- Agrees to fill out the reverse side of this application in it's entirety, to attach all funds as stated above and acknowledges that failure to do so will cause a delay in the processing (or the rejection) of this application.

Has a supplement or letter of explanation been attached to this application? YES _____ NO _____

If Yes, for what purpose? _____

I HAVE READ AND UNDERSTAND ALL OF PAGE ONE. (All applicants initial and date) _____

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APPLICATION is hereby made to rent the premises know as _____
under a lease for 12 months or _____ terms as negotiated, lease to begin on the _____ day of _____, 20____ at and for
the monthly rent of \$ _____, payable in advance on the first of each month. Each ADULT to appear on the Lease, other than Husband
and Wife, MUST FILL OUT A SEPARATE APPLICATION. The dwelling is to be occupied by not more than _____ persons.

ADULT NAMES TO APPEAR ON THE LEASE (Both Husband and Wife MUST be on the lease.)

LAST NAME FIRST INITIAL SOCIAL SECURITY # DATE OF BIRTH
1. _____ / _____ / _____ / _____ / _____
2. _____ / _____ / _____ / _____ / _____

NAMES OF OTHER OCCUPANTS AGE GENDER RELATIONSHIP TO LESSEE(S)
3. _____ / _____ / _____ / _____
4. _____ / _____ / _____ / _____
5. _____ / _____ / _____ / _____
6. _____ / _____ / _____ / _____

ARE ANY OF THE PROSPECTIVE OCCUPANTS SMOKERS? YES _____ NO _____ WILL THERE BE A WATERBED? YES _____ NO _____

NUMBER OF PETS _____ DESCRIPTION (type, breed, age, weight) _____

CURRENT PHONE #s: HOME _____ WORK _____ OTHER _____

CURRENT ADDRESS _____ CURRENT PAYMENT \$ _____

HOW LONG HAVE YOU LIVED THERE? _____ (OWN) (RENT) IF RENT, LEASE ENDS _____
Street City State Zip

NAME OF YOUR CURRENT LANDLORD OR MORTGAGE CO. (Required for processing) _____

ADDRESS _____ TELEPHONE # _____

NAME OF YOUR FORMER LANDLORD OR MORTGAGE CO. (Required for processing) _____

ADDRESS _____ TELEPHONE # _____

EMPLOYMENT OF ALL ADULTS TO APPEAR ON LEASE If your employer refuses to verify any information by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information.

Applicant #1 – Employer _____ Phone: _____

Address _____ Supervisor _____

How long _____ Position _____ Salary \$ _____ Per _____

Applicant #2 – Employer _____ Phone: _____

Address _____ Supervisor _____

How long _____ Position _____ Salary \$ _____ Per _____

If current employment is less than one year, please provide us with the above information for your previous employer in the space provided below or on a separate sheet of paper and attach it to this application.

MILITARY PERSONNEL Attach a copy of your current transfer order.

If either applicant is ***SELF EMPLOYED*** Attach a copy of their U.S. Tax Form 1040 and Page One of Schedule C for the last year filed.

ADDITIONAL INCOME: Amount \$ _____ Per _____ Source _____

Who can verify additional income? _____ Phone # _____

Gross Montly Income \$ _____ Total Monthly Debt \$ _____

If you have declared bankruptcy, been evicted or refused to pay rent, please give the circumstances: _____

Please give the make, model, year, and license plate number of all automobiles and other vehicles to be parked on the premises: _____

Applicant #1 Driver's License # _____ State _____ Applicant #2 Driver's License # _____ State _____

****A COPY OF THE APPLICANT(S) DRIVERS LICENSE IS REQUIRED FOR PROCESSING****

In case of Emergency contact _____ Relationship: _____ Phone: _____

I/We hereby certify that the information given in this application is true to the best of my/our knowledge, and I/We have not knowingly withheld any fact of circumstance which would, if disclosed, affect my/our application unfavorably. West End Management and Leasing Services, Inc. is hereby authorized to verify information given by means of CREDIT REPORT, NATIONAL CRIMINAL BACKGROUND CHECK and by contact with REFERENCES. My credit information may be disclosed either in writing or orally to the owner of said property without any further written authorization.

Applicant's Signature Date
Print Name _____

Applicant's Signature Date
Print Name _____

AGENT INFORMATION (Failure to fill out applicable information could cause a delay in the processing of this application)

ARE YOU A BUYER'S / TENANT'S AGENT? YES _____ NO _____

AGENT NAME _____ COMPANY _____ PUBLIC ID _____

PHONE # _____ PAGER _____ MOBILE _____

OFFICE ADDRESS _____