

CREDIT APPLICATION

This Application is for the property at: _____.

The Applicant understands that OZARK GATEWAY REALTY as Manager will perform a credit check to verify the Applicant and Co-Applicant's credit references and credit history in connection with the processing of this Credit Application. Manager will also perform a background check with local law enforcement.

APPLICANT INFORMATION

Name: _____ Phone: _____

DATE OF BIRTH _____

Number of occupants: Adults: _____ Children: _____

PRESENT ADDRESS: _____

How long at present address: _____

Home Phone No.: (____) _____

Landlord's Name: _____

Phone No.: (____) _____

Current rent payment: _____

PRIOR ADDRESS: _____

How long at prior address: _____

Landlord's Name: _____

Phone No.: (____) _____

Rent payment: _____

Reason for moving: _____

Social Security No.: _____ - _____ - _____

Driver's License No.: _____ **(PROVIDE FOR PHOTOCOPY)**

Vehicle Model: _____ Year: _____

License No.: _____

Vehicle Model: _____ Year: _____

License No.: _____

SOURCES OF MONTHLY INCOME:

Wages \$ _____

Salary \$ _____

Commission \$ _____

Tips \$ _____

Gov't assistance \$ _____

Child support/Alimony \$ _____

Other \$ _____

CURRENT EMPLOYER:

Employer: _____

Position: _____ How long: _____

Supervisor: _____ Business Phone: (____) _____

Annual Income: _____

PRIOR EMPLOYER:

Employer: _____
Position: _____ How long: _____
Supervisor: _____ Business Phone: (____) _____
Annual Income: _____

EMERGENCY CONTACTS

Name: _____
Phone Number _____ Relation _____

Name: _____
Phone Number _____ Relation _____

PERSONAL REFERENCES:

Name: _____
Address: _____
Phone No.: (____) _____
Relationship: _____

Name: _____
Address: _____
Address: _____
Phone No.: (____) _____
Relationship: _____

BANK REFERENCES:

Name: _____
Branch: _____
Account No.: _____

Name: _____
Branch: _____
Account No.: _____

CREDIT REFERENCES:

Credit Card Name: _____
Issuing Bank: _____
Account No.: _____ Credit limit: _____
Balance owed: _____ Monthly payment: _____
Expiration date: _____ Year Issued: _____

Credit Card Name: _____
Issuing Bank: _____
Account No.: _____ Credit limit : _____
Balance owed: _____ Monthly payment: _____
Expiration date: _____ Year Issued: _____

Credit Purchases (e.g. store account)

Name: _____
Account No.: _____ Credit limit: _____
Balance owed: _____ Monthly payment: _____

Do you own real estate? Yes ____ No ____ If yes, please explain where: _____

Have you ever been evicted from any rental premises? Yes ____ No ____ If yes, please explain:

Have you ever willfully and intentionally refused to pay rent when due? Yes ____ No ____
If yes, please explain: _____

Are there any circumstances that may interrupt your income or ability to pay rent? Yes ____ No ____
If yes, please explain: _____

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please explain:

Please provide names of ALL other tenants, including children and anyone who will live with you, even if on a temporary basis.

Adult Name(s): _____

Present Address: _____

How long at present address: _____ Home Phone No.: (____) _____

Child(ren): ____ Age(s): _____ Relationship: _____

Grade(s): _____ School: _____

I represent that the information provided in this Application is true and correct to the best of my knowledge. OZARK GATEWAY REALTY is authorized to verify the references and employment information given in this Application and to request a credit check and a background check through local law enforcement.

Applicant's Signature

Date

SECOND ADULT WILL NEED TO COMPLETE THE CO-APPLICANT INFORMATION.

CO-APPLICANT INFORMATION

Name: _____ Phone: _____

DATE OF BIRTH _____

PRESENT ADDRESS: _____

How long at present address: _____

Home Phone: (____) _____

Do you own real estate: Yes ___ No ___ Where? _____

Social Security No.: _____ - ____ - _____

Driver's License No.: _____ **(PROVIDE FOR PHOTOCOPY)**

Vehicle Model: _____ Year: _____

License No.: _____

Vehicle Model: _____ Year: _____

License No.: _____

SOURCES OF MONTHLY INCOME:

- Wages \$ _____
- Salary \$ _____
- Commission \$ _____
- Tips \$ _____
- Gov't assistance \$ _____
- Child support/Alimony \$ _____
- Other \$ _____

EMPLOYER: _____

Address: _____

Position: _____

How long: _____

Supervisor: _____

Business Phone: (____) _____

PRIOR EMPLOYER: _____

Position: _____ How long: _____

Supervisor: _____ Business Phone: (____) _____

Annual Income: _____

EMERGENCY CONTACTS

Name: _____

Phone Number _____ Relation _____

Name: _____

Phone Number _____ Relation _____

PERSONAL REFERENCES:

Name: _____

Address: _____

Phone No.: (____) _____

Relationship: _____

Name: _____
Address: _____
Address: _____
Phone No.: (____) _____
Relationship: _____

BANK REFERENCES:

Name: _____
Branch: _____
Account No.: _____

Name: _____
Branch: _____
Account No.: _____

CREDIT REFERENCES:

Credit Card Name: _____
Issuing Bank: _____
Account No.: _____ Credit limit: _____
Balance owed: _____ Monthly payment: _____
Expiration date: _____ Year Issued: _____

Credit Card Name: _____
Issuing Bank: _____
Account No.: _____ Credit limit : _____
Balance owed: _____ Monthly payment: _____
Expiration date: _____ Year Issued: _____

Credit Purchases (e.g. store account)

Name: _____
Account No.: _____ Credit limit: _____
Balance owed: _____ Monthly payment: _____

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Co-Applicant's Signature Date