RENTAL APPLICATION

First Midd Name: Alias, Names you've used: Other proposed Occupants First Midd Name: Name: Name: Name: Rental History: Please list a Curre Street Address: City: Zip: Amount of Rent Paid: Owner/Manager: Owner/Mgr Phone: Reason you left:	t least 3 years worth.	Cell Phone No. License is required! Social Sec No. Previous	* Email: Birth date	Home Ph:Relationship
Alias, Names you've used: Other proposed Occupants First Midd Name: Name: Name: Name: Rental History: Please list a	t least 3 years worth.	Cell Phone No. License is required! Social Sec No. Previous	* Email: Birth date 	Relationship
Other proposed Occupants First Midd Name: Name: Name: Name: Rental History: Please list a Curre Street Address:	t least 3 years worth.	Previous	* Email: Birth date 	Relationship
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Name: Name: Name: Name: Name: Rental History: Please list a Curre Street Address: City: Zip: Amount of Rent Paid: Owner/Manager: Reason you left:	at least 3 years worth.	Previous		
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Name: Name: Rental History: Please list a Curre Street Address:	at least 3 years worth.	Previous		
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Street Address:				——————————————————————————————————————
City:				
Zip: Amount of Rent Paid: Owner/Manager: Owner/Mgr Phone: Reason you left:				
Amount of Rent Paid: Owner/Manager: Owner/Mgr Phone: Reason you left:				
Owner/Manager: Owner/Mgr Phone: Reason you left:				
Owner/Mgr Phone:				
Reason you left:				
Were you asked to leave:				
Names your utilities are/were				
Dates you were there:				
Employment History:	*** A copy of recent P	ay Stubs is required !	***	
Curre		Previous		Prior (extra on separate page)
Employer Name:				-
Employers Address:				
City St Zip ,,,,,,,,,,,				
Employers Phone:				
Your Job Description:				
Name of Supervisor: Monthly Gross Pay:				
Dates Employed:				
	d Institution Name		e owed, or on d	eposit
Checking Account:				
Credit Card:				
Auto Loan:				
Misc:				
Vehicles: Inclu Make:	de vehicles that belong to of Model:	her proposed occupant Color	ts: Year	License Plate No.

References and Emergency Contacts:		
Doctor	Lawyer	Nearest Relative living Elsewhere
Name:		
Address:		
Phone:		
Your connection:		
You may list added references on an additional sheet.		
By signing the application you grant us permission to communicate water apartment for any reason then you grant us permission to allow your General Information:	relative listed above to remove all content	s of the dwelling on your behalf.
How long do you expect to be renting from us?		
When would you be able to move in?		
Do any of the people that will live in this home smoke?		
Have you ever been served a late rent notice?		
Have you ever been served an eviction notice?		
Have you ever filed for Bankruptcy? When/Why	/?	
Have you ever been convicted of a felony? V	Vhen and for what?	
Have you ever been in a drug or alcohol Recovery Pro	gram? How long ago	o?
How many pets do you have? Siz	ze and type?	
Have you ever had recurring problems with a landlord		
Why are you moving from your current residence?		
If you were to run into financial difficulty, Do you know		
Name: Addi		
Have you been a party to a lawsuit in the past?		
Is there anything that we may find on a criminal, eviction		
How did you hear about this home?		
Do you know of anybody else looking for an apartment	? Please provide their name and r	number.
If you refer a friend and you each end up renting separ	-	
Agreemen	t and Authorization Signature	
I believe that the statements I have made are true and now and in the future. I also authorize verification of interest this application. I also authorize information to be share that any discrepancy or lack of information may result if an apartment and does not constitute a rental or lease non-refundable fee to cover the cost of processing my apartment. Any questions regarding rejected application stamped envelope. This Application or questions may lead to 32104 S. 571 RD. Jay OK 74646. Please call if y	formation I provided and communiced from any other sources whether the rejection of this application. agreement in whole or part. I furthapplication and I am not entitled to must be submitted in writing arbe sent to - Karst – P. O. Box 451	cation with any and all names listed on r on the application or not. I understand I understand that this is an application for ner understand that there is a a refund even if I don't get the ad accompanied by a self-addressed — Carl Junction, MO 64834.
Signature:	Date s	igned:
Printed Name:Applications must be returned to the Karst Homes by n (P.O. Box 451, Carl Junction, MO 64834, or 32104 S. 571 Rd. Jay OK 74646) or in person. Call if you need help. 417-439-9887.	Have you inclu nail	ded the Application Fee? Copy of Pay Stubs? Copy of Driver's License? Your Email address? Please Print