



THE CENTURY GROUP, INC.

P.O. Box 544 Fenton, MO 63026
Office (636) 349-1000 • Fax (636) 305-1467

VERIFICATION REQUEST
INVESTIGATIVE AND CONSUMER REPORT

Authorization to release information: Please be advised that the undersigned has given you as a reference and therefore authorized the disclosure of the requested information.

(Please Print)

Applicant's Name: _____ **Social Security Number:** _____

Applicant's Signature: _____ **Date:** _____

(Please Print)

Spouse's Name: _____ **Social Security Number:** _____

Spouse's Signature: _____ **Date:** _____



TO: _____

Attn: _____ **Phone:** _____ **Fax:** _____

The applicant(s) identified above have applied with The Century Group, Inc. The applicant(s) listed you as a reference. Please fill in the "Third Party" information requested below that applies to you and return to the Autumn Ridge Apartments via fax at **(636) 305-1467** or email at **autumnridge@tcleasing.com**. If you have any questions, please call (636) 349-1000.

LANDLORD VERIFICATION CURRENT PREVIOUS (COMPLETED BY THIRD PARTY LANDLORD ONLY)

Does SSN match? _____ Applicant's Address: _____

Management Company Name: _____

Move-in Date: _____ Move-out Date: _____ Monthly Rental Rate: _____ 30 Day Notice Given: _____

Late Payments: _____ If yes, # of times over 15 days late _____

Would you rent to this tenant again: yes no

Did Tenant cause any disturbances: _____ If so, what _____

EMPLOYMENT CURRENT PREVIOUS (COMPLETED BY THIRD PARTY EMPLOYER ONLY)

Does SSN match? _____ Applicant's Position: _____ Full Time: _____ Part Time: _____ Perm: _____

Hourly Rate: _____ Hours Per Week: _____ Annual Salary: _____
Gross

Start Date: _____ End Date: _____ Verified By: _____

BANK REFERENCE (COMPLETED BY THIRD PARTY ONLY)

Date Checking Account Opened: _____ Average Balance: \$ _____

Date Savings Account Opened: _____ Average Balance: \$ _____

Verified By: _____ **Date:** _____

Name

Title

Signature: _____

The Century Group, Inc. Apartment Application

Name _____ Cell Phone () _____
First Middle Last
Work Phone () _____
Social Security # _____ - _____ - _____ Date of Birth ____/____/____ Driver's License # _____
Marital Status: Single Married Widowed Separated Divorced How Long? _____

Spouse _____ Maiden Name _____
First Middle Last
Social Security # _____ - _____ - _____ Date of Birth ____/____/____ Driver's License # _____

Residency History: Please provide 3-5 years of residency.

Present Address _____ How Long? _____
Number Street City State Zip
Landlord or Mortgage Holder _____ Phone () _____ Rent/Payment \$ _____

Previous Address _____ How Long? _____
Number Street City State Zip
Landlord or Mortgage Holder _____ Phone () _____ Rent/Payment \$ _____

Previous Address _____ How Long? _____
Number Street City State Zip
Landlord or Mortgage Holder _____ Phone () _____ Rent/Payment \$ _____

Employment History: Please provide 3-5 years of employment.

Current Employer _____ Position _____
Contact Person _____ Title _____ Phone () _____
Address _____ Years employed _____ Monthly Salary \$ _____
Number Street City State Zip Gross

Previous Employer: _____ Position _____
Contact Person _____ Title _____ Phone () _____
Address _____ Years employed _____ Monthly Salary \$ _____
Number Street City State Zip Gross

Spouses Employer _____ Position _____
Contact Person _____ Title _____ Phone () _____
Address _____ Years employed _____ Monthly Salary \$ _____
Number Street City State Zip Gross

Source of Other Income _____ Monthly Amount \$ _____
(Must show documentation to verify) Gross

Character References: First Parents (if living), then other relatives, then friends. Do not include Spouse.

1. _____
Name Relationship Phone
2. _____
Name Relationship Phone
3. _____
Name Relationship Phone

Banking Information: Bank Name _____ Address _____
Checking Account # _____ Savings Account # _____

Vehicle Information: Make _____ Model _____ Year _____ Color _____ License Plate _____

Other History:

Have you or your spouse ever been convicted of a crime or felony? No Yes If yes, please explain _____

Have you or your spouse ever been sued or evicted? No Yes If yes, please explain _____

Have you declared bankruptcy in the past 7 years? No Yes If yes, has it been discharged? No Yes

In signing this application, the undersigned states that the above information provided is warranted to be true and hereby authorizes the firm to whom this application is made and The Century Group, Inc. to investigate the references herein used, or statements or other data obtained from me or from any other firm or person. The undersigned agrees that this application shall remain the property of The Century Group, Inc. and the firm to whom this application is made. The undersigned further recognizes that The Century Group, Inc. in its investigation procedures does not consider any information obtained through its investigation to be confidential and a full disclosure of pertinent facts may be made to the landlord, or other firm(s) purchasing or using the services of The Century Group, Inc. I further agree to pay the cost of The Century Group, Inc.'s processing fee not to exceed \$35.00 per applicant, which is a non-refundable expense.

Notice to consumer "an investigative consumer report may be presented to the firm to whom this application is made. You, the consumer, have a right to request in writing a complete disclosure of the nature and scope of the investigation. Your request should be addressed to The Century Group, Inc. and must be made within thirty days of the date the application is approved or is not approved." Upon receipt of written request The Century Group, Inc. will provide the telephone number and address where you may write to receive a copy of your consumer report.

This application is not binding on landlord to lease apartment to applicant. This application must be submitted with \$35.00 per applicant, non-refundable processing fee, and a \$100.00 reservation earnest deposit. If application is approved and applicant(s) are accepted by the landlord, the \$100.00 will be applied towards the security deposit. If your application cannot be approved, the \$100.00 reservation earnest deposit will be refunded to you. **Once the application is signed and submitted the total dollar amount submitted, including any additional money paid towards the security deposit, other deposits, or fees at the time of application or after are forfeited if applicant(s) withdraws the application at any time.** There will be a \$50 charge for each check returned by our bank. Signature(s) below verifies acceptance of this agreement and verification the applicant(s) understand and accept the conditions in this application.

Reason for Move: _____ How did you learn of our community? _____

PETS ARE NOT PERMITTED UNLESS PRE-APPROVED, NON-REFUNDABLE FEES PAID & PET REFLECTED ON LEASE

Do you have a Pet(s)? _____ Type of pet(s)? _____ Weight? _____

THE FOLLOWING OCCUPANTS (AND NO OTHERS) ARE TO OCCUPY SAID APARTMENT:

(Please Print)

Applicant: _____ Spouse: _____

Children: _____ Ages: _____ Other: _____

Apt. Address: _____ Monthly Rent: _____ Date of Occupancy: _____

Processing Fee \$ _____ Applicant Signature: _____ Date: _____

Earnest Deposit \$ _____ Applicant Signature: _____ Date: _____

TOTAL \$ _____ Authorized Agent: _____ Date: _____