

P.O. Box 544 Fenton, MO 63026 Office (314) 443-6600 • Fax (314) 427-2412

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.

reference and therefore authorized the disclosu	re of the requested information.			
(Please Print) Applicant's Name:	Social Security Number:			
Applicant's Signature:	Date:			
(Please Print)	Social Security Number:			
Spouse's Signature:	Date:			
***************************************	~~~~~~~~			
TO:				
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 da Would you rent to this tenant again: □ yes □ no Did Tenant cause any disturbances: If				
EMPLOYMENT CURRENT PREVIOUS	(COMPLETED BY THIRD PARTY EMPLOYER ONLY)			
Does SSN match?Applicant's Position: _ Hourly Rate: Hours Per W	Full Time: Part Time: Perm: Perm: Gross			
Start Date:End Date:	Verified By:			
BANK REFERENCE Date Checking Account Opened: Date Savings Account Opened:	(COMPLETED BY THIRD PARTY ONLY) Average Balance: \$ Average Balance: \$			
Verified By:	Date:			
Name Signature:	Title			

The Century Group, Inc. Apartment Application

First				ll Phone <u>(</u>)
	Middle		Last	
				ork Phone ()
Social Security #				r's License #
Marital Status: ☐ Single ☐ Married	□ Widowed □ Separated □	Divorced How	Long?	
Spouse			Ma	aiden Name
First	Middle		Last	
Social Security #	Date of Birth_	/ ,	/Drive	er's License #
Residency History: Please provide	3-5 years of residency.			
Present Address	,			How Long?
Number Stre	et City	State	Zip	
Landlord or Mortgage Holder		Phone_()	Rent/Payment \$
Danieus Addass				Have Law 90
Previous Address	et City	State	Zip	How Long?
Landlord or Mortgage Holder	st City	Phone () Zip	Rent/Payment \$
	-	· · · · · · · · · · · _ ·		rtontr dymont
Previous Address				How Long?
Number Stre	et City	State	Zip	
Landlord or Mortgage Holder		Phone_()	Rent/Payment \$
Employment History: Please provi	de 3-5 years of employment	t.		
Current Employer			Position	
Contact Person		Title		Phone ()
Address			Years emplo	yedMonthly Salary \$
Number Street	City	State Zip		Gross
Previous Employer:			Po:	sition
Contact Person		_Title		Phone <u>(</u>)
Address			Years emplo	oyedMonthly Salary \$
Number Street	City	State Zip	D-	Gross
Spouses Employer		Title	P0:	sition
Contact Person		_ i itie		Phone ()
Address	City	State Zip	Years em	ployedMonthly Salary \$ Gross
Source of Other Income	City	Otate Zip		Monthly Amount \$
ecures of earlier meeting	(Must show documentation to verify)			Gross
Character References: First Parer	its (if living), then other relat	ives, then friend	s. Do not incl	ude Spouse.
1.	3,,			
Name		Relationship		Phone
2				
Name		Relationship		Phone
3. Name		Relationship		Phone
Banking Information: Bank Name		Addre)CC	THORE
Checking Account #			gs Account #	
			•	
Vehicle Information: Make	Model	Year	Color	License Plate
	Wodel			
Other History:	Widdel			
Have you or your spouse ever bee	n convicted of a crime or fel			explain
	n convicted of a crime or fel			explain
Have you or your spouse ever bee	n convicted of a crime or felons sued or evicted? □No □Y	es If yes, please	e explain	
Have you or your spouse ever bee Have you or your spouse ever bee Have you declared bankruptcy in to In signing this application, the undersigned states that the	n convicted of a crime or felon sued or evicted? □No □Y ne past 7 years? □No □Yes above information provided is warranted to	'es If yes, please If yes, has it be be true and hereby authori	e explaineen discharged	Power in the investigate is application is made and The Century Group, Inc. to investigate
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