

P.O. Box 544 Fenton, MO 63026 Office (314) 892-8888 • Fax (314) 892-2330

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) Spouse's Name:	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: Form: Perm: Form: Form: Perm: Pe					
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

Name			Cell	Phone ()		
First	Middle		Last			
Cooled Cooverity #	Data of Divide	,		rk Phone ()		
	Date of Birth_ rried \[Widowed \] Separated			's License #		
Marital Status. Sirigle Mar	nied - widowed - Separated -	Divorced Flow	Long:			
Spouse			Ma	iden Name		
First	Middle		Last			
Social Security #	Date of Birth_	/	/Driver	r's License #		
Residency History: Please pro	ovide 3-5 years of residency.					
Present Address				How Long?		
Number Landlord or Mortgage Holder_	Street City	State Phone (Zip \	Rent/Payment \$		
Landiord of Mortgage Floider_		i none_(rtenur ayment ψ		
Previous Address				How Long?		
Number Landlord or Mortgage Holder_	Street City	State Phone (Zip)	Rent/Payment \$		
		1 110110 <u></u> _		rtoner dymone φ		
Previous Address				How Long?		
Number	Street City	State	Zip	Dont/Dovement C		
Landlord or Mortgage Holder_		Phone_(Rent/Payment \$		
	provide 3-5 years of employmen	t.	Dasition			
Current Employer Contact Person		Title	Position	Phone ()		
Address		_1100	Years employ	/edMonthly Salary \$		
Number Street	City	State Zip		Gross		
Previous Employer:		Tid -	Pos	sition		
Contact Person Address		_Title	Years employ	Phone_() yedMonthly Salary \$		
Number Street	City	State Zip	rears employ	Gross		
Spouses Employer			Pos	sition		
Contact Person		_Title		Phone ()		
Address	City	State Zip	Years emp	oloyedMonthly Salary \$		
Source of Other Income	·	, 		Monthly Amount \$		
	(Must show documentation to verify)		 	Gross		
Character References: First P	Parents (if living), then other rela	tives, then friend	ds. Do not inclu	ude Spouse.		
Name		Relationship		Phone		
2						
Name 3.		Relationship		Phone		
Name		Relationship		Phone		
Banking Information: Bank Na	ame	Addre	ess			
Checking Account #		Savin	gs Account #			
Vehicle Information: Make	Model	Year	Color	License Plate		
Other History:						
	been convicted of a crime or fel			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						
				 Inc. in its investigation procedures does not consider any other firm(s) purchasing or using the services of The Century 		
	The Century Group, Inc.'s processing fee not to					
				have a right to request in writing a complete disclosure of the		
	request should be addressed to The Century of Group, Inc. will provide the telephone number ar			is of the date the application is approved or is not approved." by of your consumer report.		
This application is not binding on landlord to	o lease apartment to applicant. This application	on must be submitted v	vith \$35.00 per applican	it, 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	e of application or after are forfeited if appli	cant(s) withdraws the	application at any tim	e. There will be a \$50 charge for each check returned by our		
• ,,	e of this agreement and verification the applicant		•			
Reason for Move:			our community			
PETS ARE NOT PERMITED UNLESS PRE-APPROVED, NON-REFUNDABLE FEES PAID & PET REFLECTED ON LEASE Do you have a Pet(s)? Type of pet(s)? Weight?						
Do you have a Pet(s)? Type of pet(s)? Weight? Weight? THE FOLLOWING OCCUPANTS (AND NO OTHERS) ARE TO OCCUPY SAID APARTMENT:						
(Please Print)				<u> </u>		
Applicant:		_Spouse:		011		
· · · · · · · · · · · · · · · · · · ·		_Ages:	D-1	Other:e of Occupancy:		
Apt. Address:						
	Applicant Signat					
	Applicant Signat			Date:		
TOTAL \$	Authorized Agen	ıt:		Date:		

Rev. 10/14