



PROPERTY MANAGEMENT

Phone: (573) 449-2558 Fax: (573) 449-0431
33 E. Broadway Suite 100, Columbia, MO 65203
www.jacobsgroup.com

Please help us to expedite the processing of your application by providing all of the information requested below. It will be treated as confidential and retained in your personal file.

Application for Apartment - Please Print all information

A \$10.00 non-refundable application fee required per person.

?? ? IF NOT UNDERSTOOD SEEK COMPETENT ADVICE! ?? ?

How did you hear about us?

- Referred by current resident (If so, please fill in their name and current address)
Facebook Apartment Finder Signs in yards TV Commercial Craigslist Off Campus Housing Fair Other

Applicant's Personal Information

Name Middle Initial
Phone Number: Email
Drivers License Number Social Security Number

College/University Information (if applicable)

Institution Attending
Year (please circle) Freshman Sophomore Junior Senior Grad Student PhD Student
Fraternity/Sorority Affiliation
Chapter President Contact Phone Number

Employment Information

Present Employer Phone Number
Type of work Supervisor
Employment Dates from to Gross Monthly Income
Previous Employer Phone Number
Type of work Supervisor
Employment Dates from to Gross Monthly Income

Identify any other source of income: Scholarships \$ /month Alimony \$ /month
Parental Support \$ /month Name & Phone Number
Other \$ /month Child Support \$ /month

Present Address Information

Check one: Rent Own

Address
Lived here from to Monthly Rent Payment \$
Landlord Name and Phone Number
Reason for leaving:

Previous Address Information

Check one: Rent Own

Address
Lived here from to Monthly Rent Payment \$
Landlord Name and Phone Number
Reason for leaving:

References

Personal Reference Phone Number
Personal Reference Phone Number

Other Occupant Information: Anyone other than yourself to occupy the apartment

Name _____ Relation _____

Name _____ Relation _____

Name _____ Relation _____

Pets: All animals listed below are subject to approval and all associated pet fees/deposits. To expedite pet approval process, please provide a copy of your pet's most recent vaccination record and confirmation of all information listed below from your veterinarian. (Max. 3)

Type _____ Breed _____ Age _____ Weight _____

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Armed Forces Personnel (if applicable)

Branch of Service _____ Location of Station _____

Rank _____ Serial # _____ Squadron _____ Phone _____

Have you: (Check all that apply) Filed for Bankruptcy Had Prior Evictions Willfully Withheld Rent Any Criminal Convictions

If yes, please explain _____

To Notify in case of an emergency:

Nearest Relative: Name _____ Relation _____

Phone Number _____ Other Number _____

Address _____

Other: Name _____ Relation _____

Phone Number _____ Other Number _____

Address _____

Applicant(s) understands and acknowledges that, as part of normal processing procedures, an investigative consumer report may be obtained, typically containing information as to my/our credit history and worthiness. This application is preliminary only and does not obligate owner and/or owner's representative to execute a lease or deliver possession of the proposed premises.

Owner and/or Owner's representative are pledged to the spirit of the U.S. Policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

EACH APPLICANT AGREES AND REPRESENTS THAT:

- A. ALL OF THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND HERewith AUTHORIZES VERIFICATION OF ABOVE INFORMATION, REFERENCES, AND CREDIT RECORDS, APPLICANT ACKNOWLEDGES THAT THE INCLUSION OF ANY FALSE INFORMATION HEREIN SHALL CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION. TERMINATION OF ANY RENTAL AGREEMENT AND RIGHT OF OCCUPANCY, AND/OR FORFEITURE OF APPLICATION DEPOSITS.
- B. THE ACTUAL DATE OF POSSESSION IS SUBJECT TO VACATION OF PREMISES BY PRIOR TENANT, IF ANY, AND COMPLETION OF NECESSARY REPAIRS OR REMODELING.
- C. APPLICANT(S) IS NOT PRESENTLY RENTING ANY RESIDENCE IN A NAME OTHER THAN THAT LISTED ABOVE.
- D. IN THE EVENT APPLICANT LISTS PARENTAL SUPPORT, APPLICANT AUTHORIZES LESSOR TO VERIFY SUCH INFORMATION AND IN THE EVENT A LEASE IS SIGNED BETWEEN THE PARTIES, LESSEE AUTHORIZES LESSOR TO NOTIFY PARENTS OF ANY VIOLATIONS OF SAID LEASE AGREEMENT.
- E. UNTIL LESSOR EXECUTES AND TENDERS A LEASE TO APPLICANT (S), LESSOR SHALL HAVE THE RIGHT TO REJECT THE APPLICANT(S) FOR WHATEVER REASON.

If applicant(s) withdraw(s) the application prior to lease signing, Lessor will retain all monies paid towards the security deposit as liquidated damages.

Signature of Applicant:

_____ Date: _____

Application received by Lessor

Jacobs Realty, Inc., Agent for Owner

_____ Date: _____