



IREMCO, INC.

15510 Olive Boulevard, Suite 200
 Chesterfield, MO 63017
 Phone (636) 530-7171
 Fax (636) 530-1686
www.iremcostl.com

Property: _____

Date of Application: ____/____/____

RENTAL APPLICATION AND AGREEMENT

APPLICANT INFORMATION

Applicant Name _____ Phone () - _____
LAST NAME, FIRST NAME, MIDDLE INITIAL

Applicant Address _____
STREET CITY STATE ZIP EMAIL ADDRESS

Social Security # _____ Date of Birth ____/____/____

Landlord/Mortgage _____ Phone () - _____

Monthly Payment \$ _____ How long at current address? (years/months) _____

Reason for Vacating _____

Previous Landlord (if less than one year) _____

Applicant Employer _____ Occupation/Location _____

Employer Address _____ Phone () - _____

Supervisor/HR Dept _____ Phone () - _____

Monthly Income _____ Years of Employment _____

Previous Employment (if less than one year) _____

Automobile (Year & Make) _____ License # _____

Driver's License # _____ State _____

CO-APPLICANT INFORMATION

Applicant Name _____ Phone () - _____
LAST NAME, FIRST NAME, MIDDLE INITIAL

Applicant Address _____
STREET CITY STATE ZIP EMAIL ADDRESS

Social Security # _____ Date of Birth ____/____/____

Landlord/Mortgage _____ Phone () - _____

Monthly Payment \$ _____ How long at current address? (years/months) _____

Reason for Vacating _____

Previous Landlord (if less than one year) _____

Applicant Employer _____ Occupation/Location _____

Employer Address _____ Phone () - _____

Supervisor/HR Dept _____ Phone () - _____

Monthly Income _____ Years of Employment _____

Previous Employment (if less than one year) _____

Automobile (Year & Make) _____ License # _____

Driver's License # _____ State _____

PETS

Pet Information 1 Type & Breed _____ Weight # _____

Pet Information 2 Type & Breed _____ Weight # _____

Pet Information 3 Type & Breed _____ Weight # _____

*Not all pet types and breeds are permitted in the leased premises, please check with leasing agent.
 Each pet is required to be registered. FEES: Non-Refundable Pet Fee \$200/pet & monthly Pet Rent \$20/pet*

I/We hereby submit this application to rent and, if accepted, agree to lease at the monthly rental rate of \$ _____
 for the premises located at _____ (address), in _____, MO

**** HOW DID YOU HEAR ABOUT US? ****

Referred by: _____ Internet Site _____ Media _____

Premises shall be occupied only by person(s) herein above set out and, if otherwise, shall constitute a violation of the tenancy and subject to termination.

List names and birthdates of all additional occupants (excluding applicant and co-applicant):

**** Any occupant over the age of eighteen (18) will need to include their social security # ****

OCCUPANTS

_____	____/____/____	_____ - _____ - _____
_____	____/____/____	_____ - _____ - _____
_____	____/____/____	_____ - _____ - _____
_____	____/____/____	_____ - _____ - _____
_____	____/____/____	_____ - _____ - _____
_____	____/____/____	_____ - _____ - _____

Move In Date Needed: _____ Lease Term: 1 Year / 2 Year

Has applicant(s) filed for bankruptcy? _____ When? _____

Has applicant(s) ever been evicted or asked to move? _____

If yes to either question, please describe: _____

IMPORTANT INFORMATION - PLEASE READ

All applicants will be uniformly screened on the basis of credit information, employment record, income, expenses, and previous tenancy, without regard to family status, physical disability, race, color, religion, sex, or national origin. Applicant's signature below constitutes his/her knowledge of this non-discriminatory policy. Application subject to approval by owner, which if accepted shall be evidenced by countersigning Iremco, Inc. If application is rejected, deposit is refunded. If approved, and applicant(s) decided not to take said premises, no deposit refund will be made. Providing false information on application or having a criminal history will be considered reason to reject application.

Applicant(s) tenders, in addition to any security deposit, the amount of \$40 in the form of money order only, which applicant(s) acknowledge is the cost of procuring credit report and criminal background check and is non-refundable. Credit reports are obtained thru Trans Union Credit and Criminal Background Checks are obtained thru various public record databases available on-line.

While employees and agents of Iremco, Inc. are not at liberty to discuss your credit report with you, you are welcome to contact Trans Union at (877) 322-8228 if you want a copy of your report.

Applicant(s) acknowledges he/she has been provided a Missouri Broker Disclosure form by Iremco, Inc. as required by the Missouri Real Estate Commission - available on-line <http://pr.mo.gov/boards/realestate/brdiscls.pdf>

***** Please complete all information in this box before submitting application *****

Monthly Rental Amount <small>(BASE RENT & PET RENT COMBINED)</small>	_____	Address Assigned	_____
Application Fee <small>(PAID AT TIME APPLICATION IS SUBMITTED)</small>	\$40 Non-Refundable	Move In Date <small>(ESTIMATED, IF UNKNOWN AT TIME OF APPLICATION)</small>	_____
One Time Pet Fee <small>(DUE AT MOVE IN - \$200 PER PET - NONREFUNDABLE)</small>	_____	Lease Term <small>(1 YEAR OR 2 YEAR)</small>	_____
Deposit Amount* <small>(DUE WITHIN SEVEN (7) DAYS OF APPLICATION APPROVAL)</small>	_____	Deposit Paid <small>(\$50 APT / \$100 CONDO OR HOUSE - TO HOLD HOME OFF MARKET)</small>	_____

* Balance of Security Deposit is due within seven (7) days of application approval. Failure to pay will result in forfeiture of deposit with application, and assigned premises will be put back on rental market

X
APPLICANT SIGNATURE _____

Date: ____/____/____

Leasing Agent: _____

X
CO-APPLICANT SIGNATURE _____

Date: ____/____/____



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RENTAL VERIFICATION

Attention Applicant: Please only sign by the "X"s, DO NOT fill in the blanks. Thank you!

Landlord Name: _____

Landlord Fax: _____

Applicant Name: _____

Co-Applicant Name: _____

x _____

x _____

*I/We authorize you to release the following rental information to Iremco, Inc.
This information is for confidential use in compiling a rental application. Please complete and
return to Iremco, Inc. **FAX (636) 530-1686 PHONE (636) 530-7171***

Tenant Address _____

Rent Amount _____

Move In Date _____

Current Balance Due _____

Move Out Date _____

Was Rent Paid Late? Yes No

Any NSF Checks? Yes No

If Yes, How Often? _____

If Yes, How Many? _____

Any Problems with Tenant? _____

Would you Re-Rent to Tenant? Yes No If No, Why? _____

Name of Person Completing Form _____

Signature of Person Completing _____

EMPLOYMENT VERIFICATION

Attention Applicant: Please only sign by the "X"s, DO NOT fill in the blanks. Thank you!

Employer Name: _____

Employer Fax: _____

Applicant Name: _____

Co-Applicant Name: _____

x _____

x _____

*I/We authorize you to release the following employment information to Iremco, Inc.
This information is for confidential use in compiling a rental application. Please complete and
return to Iremco, Inc. **FAX (636) 530-1686 PHONE (636) 530-7171***

Employee Name: _____ Social Security # _____

Employee Position: _____ Hire Date: _____

Type of Employment: Full-Time or Part-Time Permanent or Temporary

Rate of Pay: _____ Average Monthly Income _____

Name of Person Completing/Position _____

Signature of Person Completing _____