

Carnell Properties, LLC
1300 Industrial Dr.
Kennett, MO 63857
573-888-6678 Cell: 573-724-0197

RENTAL APPLICATION *Must bring copies of driver's license, social security #, and all proof of income before application is reviewed. Today's Date_____

Number of Bedrooms Desired: 2 3 Desired Rent Amount_____

PERSONAL INFORMATION

Applicant's Full Name_____SSN_____

Date of Birth_____Cell Phone #_____

Co-Applicant's Full Name_____SSN_____

Date of Birth_____

Other Residents	Relationship	Date of Birth	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Household Income (Gross)_____Pets? How many/What Kind_____

RESIDENCE HISTORY

Present Address_____

Amount of Rent_____Length of Time at Present Address_____

Reason for Moving_____

Present Landlord_____Present Landlord Telephone_____

Previous Address_____

Length of Time at Previous Address_____Previous Landlord Telephone_____

Previous Landlord_____

Amount of Rent_____Reason for Moving_____

EMPLOYMENT INFORMATION

Employed By _____ How Long _____

Employer's Address _____ Phone No _____

Position Held _____ Supervisor _____

Co-Applicant's Employer _____ How Long _____

Employer's Address _____ Phone No _____

Position Held _____ Supervisor _____

Have you ever been convicted of a felony? _____ If yes, please explain _____

LIST 3 REFERENCES – NON-RELATED (INCLUDE TELEPHONE NUMBERS)

1. _____

2. _____

3. _____

In case of personal emergency, notify: _____ Relationship _____

Address _____ Telephone _____

I hereby make application for a rental house/apartment and certify that this information is correct. I authorize Carnell Properties, LLC to contact any reference listed herein and/or other inquiries that management feels necessary in determining eligibility (*i.e.*, check with credit bureau; inquire with law enforcement, etc.)

APPLICANT'S SIGNATURE _____

CO-APPLICANT'S SIGNATURE _____

DATE SIGNED _____

APPLICANT/TENANT'S STATEMENT OF INCOME

FAMILY COMPOSITION:

HEAD OF HOUSEHOLD _____ SS# _____

DATE OF BIRTH _____ FULL TIME STUDENT? _____

CO-TENANT _____ SS# _____

DATE OF BIRTH _____ FULL TIME STUDENT? _____

OTHER RESIDENTS	RELATIONSHIP	D.O.B.	SS#	STUDENT

List Net Monthly Income from all sources received by each member of the household for the next 12 months.

	Applicant/Head of Household	Co-Applicant
Wages	_____	_____
Section 8	_____	_____
Disability	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Social Security	_____	_____
S.S.I.	_____	_____
V.A. Benefits/Disability	_____	_____
Unemployment	_____	_____
Workmen's Comp.	_____	_____
Severance Pay	_____	_____
Retirement Pension	_____	_____
Public Assistance	_____	_____
Other: _____	_____	_____

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PRIOR AND CURRENT LANDLORD REFERENCE CHECK

To Whom It May Concern:

Your name has been given as a previous landlord of the person listed below who is making an application for housing with Carnell Properties, LLC.

I hereby authorize _____ of the _____
to release the information below regarding my prior tenancy.

Applicant's Signature _____ Date _____

- | | |
|--|--------|
| 1. Was rent paid on time? | Yes No |
| 2. Would you rent to this tenant again? | Yes No |
| 3. What was the amount of their rent? | _____ |
| 4. Was this lease terminated? | Yes No |
| If yes, please explain _____ | |
| 5. Was there any damage when the tenant left? | Yes No |
| If yes, please explain _____ | |
| If there were damages, did the tenant pay for the damages? | Yes No |

Please furnish any other additional information which may be helpful in making our determination regarding this individual's eligibility.

Landlord's Signature _____ Date _____

Telephone Number _____