

West Properties

1917 S. Westwood Blvd.

Poplar Bluff, MO 63901

(573-785-0907) Fax (573-785-2999)

Our Website rentpbmo.com

Allow Min. of 3 Business Days to Process

1. **Each** adult (18 or older) must fill out a separate application

2. We reserve the right to inspect your current residence

3. Cosigner may be required

4. **Deposit is 2 times the rent**

5. **Rent Price Based on Automatic Account Debit (ACH)**

6. Please Print When Filling Out This Application

7. **Attach 2-Months of Income Verification**

Incomplete Rental Application will be an automatic rejection. You MUST fill all blanks out, or put N/A
Falsifying any part(s) of this Rental Application may be an automatic rejection or eviction if discovered later.

RENTAL APPLICATION Website **rentpbmo.com**

Rev. 6-12-24

Address Applied For:	Monthly Rent	Deposit - Paid Y / N	Today's Date	Current Time
	\$	\$	/ /	AM/PM

APPLICANT

Last	First	Middle	Maiden	Birth Date	Social Security #	Mr./Miss/Ms./Mrs.
Other Names You've Used In The Past					Cell Phone #	Other Cell or Landline Phone #
Email						
All Other Proposed Occupants		Social Security #		Sex	Age	Relationship To Applicant (You)

RENTAL/RESIDENCE HISTORY

	Current Residence	Previous Residence	Prior Residence
Street Address			
City			
State & Zip			
Rent/Mortgage Amount	\$	\$	\$
Landlord/Bank Manager			
and Phone Number			
Reason for leaving			
Rent/Mort. Up to date?			
Did you give notice?			
Were you asked to move?			
	From / To	From / To	From / To
Dates of Residency			

EMPLOYMENT HISTORY

	Current Employment	Previous Employment	Prior Employment
Employed By			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
MONTHLY Gross Pay			
	From / To	From / To	From / To
Dates of Employment			

Other Income Child Support, Spousal Support, TANF, Food Stamps, Insurance Settlement, Retirement, Disability, HUD

Source	Amount	Monthly	Weekly	Expires

CREDIT HISTORY

	Bank/Institution Name	Town They are Located	Phone Number	Special Comments
Savings Account				
Checking Account				
	Bank/Institution Name	Contact Person	Phone Number	Balance Owed
Automobile Loan				\$
				\$
Credit Card				\$
Bank Loan				\$
Utility – Electric				\$
Utility – Gas				\$
Utility – Water				\$
Utility – Sewer				\$

VEHICLES (This includes motorcycle, boat, RV, trailer, etc)

Make	Model	Color	Year	License Plate

GENERAL INFORMATION

Question	YES / NO	If Yes, When?	Why?, How many?
Have you ever filed bankruptcy?			
Are you currently filing for bankruptcy?			
Have you ever been evicted?			
Do you owe for Rent, Damages, Late Fees?			
Have you ever broken a rental agreement?			
Are you now or in last year been garnished?			
Are you experiencing Foreclosure?			
How long do you intend to rent from us?			
Does anyone in the household smoke/vape ?			
Have you ever been convicted of a Felony?			
Is Your Felony a Federal or State Offense?			What State?
Type and number of animals or pets you have?			
Specify breed of each one			
Has your animal ever bitten anyone?			
Are you on HUD or other assistance program?		Case worker's name	

Do you own? ___ Mower ___ Rake ___ Vacuum ___ Broom ___ Mop ___ Washer ___ Dryer

REFERENCES & EMERGENCY CONTACTS (NOT LIVING WITH YOU)**EVERY APPLICANT MUST HAVE DIFFERENT CONTACTS**

	Nearest Relative Living Elsewhere	Other Relative Living Elsewhere	Personal Reference
Name			
Relationship To Applicant (You)			
Street Address			
City			
State & Zip			
Phone Number			

Please provide pay stubs for the last 2-months for income verification purposes. Or if self-employed the last 2-years tax return.

In case of emergency please list person(s) approved to enter and remove items from your unit.

How Did You Hear Of Us?

Yard Sign Newspaper Billboard Chamber of Commerce Internet Craig's List

Person; if so list their name _____



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Office 573-785-0907
Fax 573-785-2999

Rental Agreement / Rental Policy & Authorization Signature

By signing below, I hereby authorize comprehensive credit, criminal and employment record checks to be made **before, during and/or after tenancy**, and communication with any and all names, addresses, and/or employers listed or revealed in record checks. Signing this application authorizes any bank, financial institution, store, hospital, school, college, office, business, agency, utility or other entity to release **any and all** information they may have about you, possibly to be used to collect a debt. Tenant authorizes to contact references for purpose of renting and / or collections. Our Rental Policy is to rent to the first people that pay their deposit and their application is approved. Deposit is refunded if tenant is not approved. Deposit is **NOT** refunded if tenant is approved for rental and then changes their mind. Move-in rents will be pro-rated for the portion of the month left after tenant has been approved. Tenant rent starts the day after the tenant has been notified of approval. I have read this application and by signing agree and understand it in its entirety.

Printed Name _____

Signature: _____

Date: _____

(Your signature name must be exactly the same as your printed name)

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**I HAVE COMPLETED THE 6-STEPS ABOVE AND
UNDERSTAND ALL OF THEM.**

Initial _____