



APPLICATION TO LEASE

417-889-2998

DATE: \_\_\_\_\_, ADDRESS OF PROPERTY: \_\_\_\_\_

If accepted, this application is to become a part of the Lease Agreement. Any misstatements of facts in this application will be considered justification for termination of tenancy.

APPLICANTS: (Non-related applicants must submit a fully completed separate application.)

CONTACT INFO: MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FULL NAME: \_\_\_\_\_, D.O.B. / / S.S.#: - -

Drivers License #: \_\_\_\_\_, Marital Status: M D S Maiden Name, \_\_\_\_\_

FULL NAME: \_\_\_\_\_, D.O.B. / / S.S.#: - -

Drivers License #: \_\_\_\_\_, Marital Status: M D S Maiden Name: \_\_\_\_\_

OTHER RESIDENTS:

1. \_\_\_\_\_, RELATIONSHIP: \_\_\_\_\_, AGE: \_\_\_\_\_

2. \_\_\_\_\_, RELATIONSHIP: \_\_\_\_\_, AGE: \_\_\_\_\_

IN THE CASE OF AN EMERGENCY CONTACT: { \_\_\_\_\_ }

RESIDENTIAL HISTORY:

PRESENT ADDRESS: \_\_\_\_\_, LANDLORD / MORTGAGOR: \_\_\_\_\_

PHONE # OF LANDLORD: ( ) - \_\_\_\_\_, LENGTH AT ADDRESS: \_\_\_\_\_, RENT: \$ \_\_\_\_\_, MTH

PREVIOUS ADDRESS: \_\_\_\_\_, LANDLORD / LENDER: \_\_\_\_\_

PHONE # OF LANDLORD: ( ) - \_\_\_\_\_, LENGTH AT ADDRESS: \_\_\_\_\_, RENT: \$ \_\_\_\_\_, MTH

REASON FOR MOVING? \_\_\_\_\_

DO YOU HAVE PETS? \_\_\_\_\_

EMPLOYMENT HISTORY:

EMPLOYER: \_\_\_\_\_, LENGTH OF TIME: \_\_\_\_\_, GROSS: \$ \_\_\_\_\_, MTH

ADDRESS: \_\_\_\_\_, PHONE #: ( ) - \_\_\_\_\_, CONTACT: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_, LENGTH OF TIME: \_\_\_\_\_, GROSS: \$ \_\_\_\_\_, MTH

ADDRESS: \_\_\_\_\_, PHONE #: ( ) - \_\_\_\_\_, CONTACT: \_\_\_\_\_

PERSONAL REFERENCES: 1. \_\_\_\_\_ PH# \_\_\_\_\_, 2. \_\_\_\_\_ PH# \_\_\_\_\_

TO COMPPELTE PROCESSING A VALID PHOTO ID OR DRIVERS LICENSE MUST BE PROVIDED

I certify that the above information is correct and understand that this application may be revoked if any information is found or deemed to be incorrect. By signing below, I authorize TDMI its agents or assignees to verify the information supplied within this application. A full disclosure of pertinent facts including a written credit report, criminal records and back ground checks completed shall become part of any agreement made between the applicant TDMI its agents or assignees.

Applicant: \_\_\_\_\_, Date: \_\_\_\_\_ Applicant: \_\_\_\_\_, Date: \_\_\_\_\_

RETURN BY: FAX 417-889-9792 / EMAIL INFO@TDMI.COM OR ADDRESS: 304 W ERIE STREET, SPRINGFIELD MO 65807