

Application Instructions:

Please turn this sheet in along with your application. The items below **MUST** be received in order to process your application. Missing items will result in delays in processing.

1. _____ **Complete all items of Application for Apartment**
2. _____ **Complete Request for Verification of Employment. Part I, #'s 1, 7 & 8.**
3. _____ **Complete Request for Verification of Deposit. Part I, #'s 1, 7, 8 & 9.**
4. _____ **Include application Fee (\$20 per applicant) Payable to Sentinel Properties**
5. _____ **Drop off or mail application along with application fee to:**
 - **Sentinel Properties**
2011 Chapel Plaza Ct. Suite 11
Columbia, MO 65203

Lease Policies:

1. **Applications:** A fully completed application signed by each proposed tenant is required.
2. **Application Fee:** A Twenty Dollar (**\$20.00**) nonrefundable application fee must accompany the application.
3. **Employment Verification:** Each tenant must sign and return an Employment Verification Request upon a form to be provided by the manager .
4. **Bank Verification:** Each tenant shall sign and return a Bank Deposit Verification Request upon a form to be provided by the manager .
5. **Credit Bureau Check:** Each tenant and co-signer must have a good credit rating and a satisfactory credit report. A credit check will be conducted to verify each tenant's and cosigner's credit rating.
6. **Income Qualifications:** Each tenant or his/her co-signer shall establish that (1) he or she has net monthly disposable income of at least twice the monthly rent, and (2) that each tenant and co-signer has gross income equal to at least three (3) times the monthly rent. Each tenant or co-signer must meet both of the foregoing criteria. For purposes of this paragraph, net disposable income means net income less existing debts (for example, car payments and credit card or store accounts). Each tenant, except for spouses and children, or each tenant's parents or legal guardians cosigning the lease for such tenant shall meet the foregoing income qualifications. Where parents of a tenant are co-signing the lease, both parents, if living, shall co-sign the lease.
7. **No Criminal Record:** No tenant shall have a criminal record, excluding traffic offenses.
8. **Limit on Number of Adults and Total Number of Occupants:** No more than two (3) persons over the age of 18 shall live in any apartment. The total number of persons residing in an apartment shall not exceed the maximum allowed by law, including but not limited to Section 6-155 of the Columbia Code of Ordinances.
9. **Total Number of Cars per Apartment:** Only one (1) car shall be permitted per tenant, which shall be registered with the office.
10. **Pet policy:** Pets are allowed with \$25 per month fee. Birds and fish are also permitted. No tenant shall permit any other pets or other animals in their apartment, or on the premises or grounds at any time. Violation of the pet policy shall result in a \$200.00 fine and forfeiture of your security deposit.
11. **Security Deposits:** A security deposit equal to one (1) month's rent shall be paid at the time of signing the lease.
12. **Each Tenant** who leases or occupies an apartment leased from Landlord for less than one year shall pay a \$150.00 fee to Landlord for repainting of the apartment in addition to the administrative Sublease fee of \$250.00. The fees are due before subleasing.

FOR OFFICE USE ONLY			
APT. NO. _____	UNIT SIZE _____	DEPOSIT AMOUNT \$ _____	RENTAL AMOUNT \$ _____
LEASE DATES _____ TO _____			

A P P L I C A T I O N F O R A P A R T M E N T

PLEASE PRINT

NAME OF APPLICANT		DATE OF BIRTH	SOCIAL SECURITY NO.
CHECK ONE: <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE			
HOW LONG? _____		HOW LONG? _____	
NAME OF SPOUSE (SHOW FORMER IF DIVORCED OR SEPARATED)		DATE OF BIRTH	SOCIAL SECURITY NO.
APPLICANT'S PRESENT ADDRESS		CITY	STATE ZIP
		TELEPHONE NO. ()	
APPLICANT'S DRIVER'S LICENSE NO. & STATE		SPOUSE'S DRIVER'S LICENSE NO. & STATE	
NUMBER OF PEOPLE WHO WILL OCCUPY		ADULTS OVER AGE 18 _____	CHILDREN TO 18 _____
NAME AND AGE OF EACH CHILD WHO WILL OCCUPY			
NAME OF PERSON TO NOTIFY IN EMERGENCY: ADDRESS: CITY: STATE: ZIP			TELEPHONE NO. ()
R E S I D E N C E H I S T O R Y			
PRESENT LANDLORD, APT. COMMUNITY, OR MORTGAGE HOLDER AND APPLICANT'S RESPECTIVE ADDRESS		TELEPHONE	FROM TO PAYMENT \$
PREVIOUS LANDLORD, APT. COMMUNITY, OR MORTGAGE HOLDER AND APPLICANT'S RESPECTIVE ADDRESS		TELEPHONE	FROM TO PAYMENT \$
PREVIOUS LANDLORD, APT. COMMUNITY, OR MORTGAGE HOLDER AND APPLICANT'S RESPECTIVE ADDRESS		TELEPHONE	FROM TO PAYMENT \$
E M P L O Y M E N T H I S T O R Y			
APPLICANT'S PRESENT EMPLOYER		IMMEDIATE SUPERVISOR	TYPE WORK
ADDRESS		TELEPHONE NO.	HOW LONG MONTHLY INCOME
APPLICANT'S PREVIOUS EMPLOYER		IMMEDIATE SUPERVISOR	HOW LONG
SPOUSE'S PRESENT EMPLOYER		IMMEDIATE SUPERVISOR	TYPE WORK
ADDRESS		TELEPHONE NO.	HOW LONG MONTHLY INCOME
SPOUSE'S PREVIOUS EMPLOYER		IMMEDIATE SUPERVISOR	HOW LONG
IDENTIFY ANY OTHER INCOME SOURCE AND AMOUNT (family, trust, government, etc.)			
IF A STUDENT: MAJOR _____ YEAR _____		STUDENT NUMBER _____	
PARENTS' NAME(S)		PARENTS' SOC. SECURITY # (IF CO-SIGNATURE IS REQUIRED)	
PARENTS' ADDRESS(S)		TELEPHONE NO.	
B A N K - C R E D I T - C H A R A C T E R R E F E R E N C E S			
BANK NAME	ADDRESS	CHECKING ACCT. NO.	
BANK NAME	ADDRESS	CHECKING ACCT. NO.	
PERSONAL REFERENCE	ADDRESS	TELEPHONE NO.	
PERSONAL REFERENCE	ADDRESS	TELEPHONE NO.	
M O T O R V E H I C L E S T O K E E P A T A D D R E S S (C Y C L E S , C A R S)			
MAKE OF CAR	YEAR	COLOR	LICENSE NO. STATE
MAKE OF CAR	YEAR	COLOR	LICENSE NO. STATE

CORRECT INFORMATION: APPLICANT REPRESENTS AND WARRANTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND COMPLETE, AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, AND CREDIT RECORDS.

THIS APPLICATION IS PRELIMINARY ONLY, AND DOES NOT OBLIGATE OWNER OR OWNER'S AGENT TO EXECUTE A LEASE OR DELIVER POSSESSION OF THE PROPOSED PREMISES. I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

FEDERAL FAIR HOUSING LAW - (TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968) IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN.

APPLICANT'S SIGNATURE _____ DATE _____ SPOUSE'S SIGNATURE _____ DATE _____

PLEASE RUSH !!!

Request for Verification of Deposit

Instructions: Property Management – Complete items 1 through 8. Have applicant(s) complete Item 9. Forward directly to depository named in Item 1.
 Depository – Please complete items 10 through 15 and return DIRECTLY to the Property listed in Item 2.

Part I – Request

1. To (Name and address of depository)		2. From (Name and address of property) Sentinel Properties PO BOX 7619 Columbia, MO 65205		
3. Signature of Landlord/Manager	4. Title	5. Date	6. Telephone No. 573-256-5645	

7. Information To Be Verified

Type of Account	Account in Name of	Account Number	Balance
			\$
			\$
			\$
			\$

To Depository: I/We have applied for an apartment and stated in my financial statement that the balance on deposit with you is as shown above. You are authorized to verify this information and to supply the property identified above with the information requested in items 10 through 12. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. Name and Address of Applicant(s)	9. Signature of Applicant(s)

To Be Completed by Depository

Part II – Verification of Depository

10. Deposit Accounts of Applicant(s)

Type of Account	Account Number	Current Balance	Average Balance For Previous Two Months	Date Opened
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

11. Loans Outstanding To Applicant(s)

Loan Number	Date of Loan	Original Amount	Current Balance	Installments (Monthly/Quarterly)	Secured By	Number of Late Payments
		\$	\$	\$ per		
		\$	\$	\$ per		
		\$	\$	\$ per		

12. Please include any additional information which may be of assistance in determination of credit worthiness. (Please include information on loans paid-in-full in Item 11 above.)

Number of insufficient checks in the last 12 months _____

13. Signature of Depository	14. Title	15. Date

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.

PLEASE RUSH !!!

DOC. 100

Request for Verification of Employment

Instructions:

Property Management – Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.

Employer – Please complete either Part II or Part III as applicable. Sign and return directly to the property listed in item 2.

Part I – Request

1. To (Name and address of employer)		2. From (Name and address of property) Sentinel Properties PO Box 7619 Columbia, MO 65205			
3. Signature of Landlord/Manager	4. Title	5. Date	6. Telephone No. 573-256-5645		

I have applied for an apartment and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (Include employee or badge number)	8. Signature of Applicant
---	---------------------------

Part II – Verification of Present Employment

Employment Data	Pay Data				
9. Applicant's Date of Employment	12A. Current Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly \$ _____			12C. For Military Personnel Only Pay Grade Type Monthly Amount Base Pay \$	
10. Present Position	12B. Earnings			Rations \$	
11. Probability of Continued Employment	Type	Year To Date	Past Year	Flight or Hazard \$	
13. If Overtime or Bonus is Applicable, Is Its Continuance Likely?	Base Pay	\$	\$	Clothing \$	
Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No	Overtime	\$	\$	Quarters \$	
	Commissions	\$	\$	Pro Pay \$	
	Bonus	\$	\$	Overseas or Combat \$	
14. Remarks (If paid hourly, please indicate average hours worked each week during current and past year)					

Part III – Verification of Previous Employment

15. Dates of Employment	16. Salary/Wage at Termination Per (Year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____				
17. Reason for Leaving			18. Position Held		
19. Signature of Employer		20. Title		21. Date	

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.