

**APPLICATION
PLAZA WEST APARTMENTS
3136 WEST 10TH STREET, SEDALIA, MO 65301**

660-827-3697

Please complete this application with all pertinent details. If accepted as a resident, this application will become part of the lease.

PLEASE PRINT:

DATE: _____

Apartment number _____ Rent per month \$ _____

Applicant's Name: _____
(first) (middle) (last) (maiden, if applicable)

Social Security # _____ Phone # _____

Present Address: _____ City _____ State _____

Rent _____ Own _____ How Long _____

Most recent rental reference: _____

Address: _____ City _____ State _____ Phone # _____

Rent _____ Own _____ How Long _____

Additional Recent rental reference: _____

Employed by: _____ Address: _____

Phone # _____ Position held: _____

Salary \$ _____ per month How Long: _____

Driver's License #: Applicant _____ Co-applicant: _____

Married _____ Single _____ Divorced _____

Co-applicant's Name: _____
(first) (middle) (last) (maiden, if applicable)

Social Security # _____ Phone # _____

Present Address: _____ City _____ State _____

Rent _____ Own _____ How Long _____

Most recent rental reference: _____

Address: _____ City _____ State _____ Phone # _____

Employed by: _____ Address: _____

Employed by: _____ Address: _____

Phone # _____ Position held: _____

Salary \$ _____ per month How Long: _____

Children that will live with you _____ Ages _____

WILL ANYONE OTHER THAN THOSE LISTED ABOVE OCCUPY APARTMENT WITH YOU?

Yes _____ No _____

Name: _____ Relationship _____

Name: _____ Relationship _____

PERSONAL REFERENCES:

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

REFERENCES:

Bank _____ Address _____ Phone _____

Checking Account # _____ Savings Account # _____

HOW MANY AUTOS (including Co Applicants) WILL YOU KEEP AT THIS ADDRESS?

Auto #1: Make _____ Year _____ Color _____

Auto #2: Make _____ Year _____ Color _____

Motorcycle: Make _____ Year _____ Color _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Address _____ Phone _____

Please initial here and acknowledge _____ **NO PETS ARE ALLOWED IN THE APARTMENTS**

Have you ever broken a lease with any landlord? Yes _____ No _____

If yes, Name and address of Apartments: _____

Why are you leaving your present residence? _____

Special request or comments: _____

Nearest relative not residing with you:

Name: _____ Relationship: _____

Address _____ Phone _____

Have you ever been convicted or plead guilty to a felony or misdemeanor other than a moving traffic violation?

Yes _____ No _____ If yes, what was the charge and when _____

Referred to this apartment complex by: _____

Applicant _____

Co-applicant _____