



# Certified Tenant Services, Inc.

Phone: 1-573-339-1046 • Fax: 1-573-332-2786

Rush Service  4 Hour  8 Hour

Check # \_\_\_\_\_ File # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

PROPERTY MANAGEMENT COMPANY	APARTMENT NAME	MANAGER'S NAME	RENTAL AMOUNT
Mr. Applicant's Last Name First Middle Name		Area Code-Phone	
Social Security Number		Date of Birth	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single		Driver's License No. & State	
Spouse's Social Security No.		Spouse's Name (If Applicable)	
Spouse's Date of Birth		Spouse's Driver's License Number	
Other Tenants & Social Security No.			
Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many? Type & Size: (keeping of pets requires a pet deposit and Owner's Consent)	
		Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PRESENT ADDRESS</b>		Home Phone	
Number	Street	City	State Zip Code
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
LANDLORD OR MORTGAGE HOLDER		Landlord Phone	
		Rental Amount	
<b>PREVIOUS ADDRESS</b>		Home Phone	
Number	Street	City	State Zip Code
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
LANDLORD OR MORTGAGE HOLDER		Landlord Phone	
		Rental Amount	
<b>PREVIOUS ADDRESS</b>		Home Phone	
Number	Street	City	State Zip Code
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
LANDLORD OR MORTGAGE HOLDER		Landlord Phone	
		Rental Amount	
Applicant Employed By		Supervisor's Name	
Address City State Zip Phone		How Long?	
		Position	
		Salary \$ per	
Previous Employment		Supervisor's Name	
Address City State Zip Phone		How Long?	
		Position	
		Salary \$ per	
Spouse Employed By		Supervisor's Name	
Address City State Zip Phone		How Long?	
		Position	
		Salary \$ per	
<b>ADDITIONAL INCOME</b>			
Source of Other Income: _____ \$ _____ <input type="checkbox"/> Year <input type="checkbox"/> Month			
Auto No. 1 -- Type		License No.	
		State	
		Monthly Pmt.	
Auto No. 2 -- Type		License No.	
		State	
		Monthly Pmt.	
<b>Loans &amp; Charge Accounts (including Dept. Stores, Credit Cards, etc.)</b>			
Owed To	Account No.	Address	Zip
		Total Debt	
		Payments	
		\$ per	
		\$ per	
Name of Bank or Savings & Loan	Account No.	Address	City
		State	
		Zip	
Applicant's Nearest Relative		Relationship	
Address		City	
		State	
		Zip	
		Area Code-Phone	
In case of Emergency Call		Relationship	
Address		City	
		State	
		Zip	
		Area Code-Phone	
Reference		Address	
		City	
		State	
		Zip	
		Area Code-Phone	

**WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW**

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILY STATUS, OR NATIONAL ORIGIN.

I understand I acquire no rights in an apartment until I sign an agreement in the form submitted to me and make a deposit of \$ \_\_\_\_\_ on the apartment I have selected, which deposit is to be held in accordance with the rental agreement. Applicant also has submitted the sum of \$ \_\_\_\_\_ which is a **Non-Refundable** payment for the processing charges. Receipt of which is acknowledged by management. Such sum is not a rental payment. In the event this application is disapproved, this sum will be retained by management to cover the processing charges.

In consideration of the Landlord's holding the apartment for me, I hereby waive all rights to the return of this deposit and said deposit shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for tenancy is not accepted, deposit shall be returned to applicant.

IN SIGNING THIS APPLICATION, THE UNDERSIGNED STATES THAT THE ABOVE INFORMATION IS WARRANTED TO BE TRUE AND HEREBY AUTHORIZES THE FIRM TO WHOM THIS APPLICATION IS MADE AND C.T.S., INC. TO INVESTIGATE THE REFERENCES HEREIN USED, OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER FIRM OR PERSON, PERTAINING TO MY CREDIT, RENTAL HISTORY, OR FINANCIAL RESPONSIBILITY. THE UNDERSIGNED AGREES THAT THIS APPLICATION SHALL REMAIN THE PROPERTY OF C.T.S., INC. AND THE FIRM TO WHOM THIS APPLICATION IS MADE. THE UNDERSIGNED FURTHER RECOGNIZES THAT A FULL DISCLOSURE OF PERTINENT FACTS MAY BE MADE TO THE LANDLORD, OR OTHER FIRM(S) PURCHASING OR USING THE SERVICES OF C.T.S., INC.

In consideration for landlord holding said apartment at \_\_\_\_\_ I am making a deposit of \$ \_\_\_\_\_  
The deposit shall be retained as a security deposit. If application is not accepted said security deposit shall be refunded.

**X** SIGNED \_\_\_\_\_ SIGNED \_\_\_\_\_ Dated \_\_\_\_\_  
Applicant Spouse

Non-Refundable Process Fee \$ \_\_\_\_\_  Money Order  
 Cash  
R0001 Rev. 3/95 Check # \_\_\_\_\_  Check

RESIDENT MANAGER OR/AUTHORIZED AGENT