

Veal Realty Group, Ltd.

4525 McPherson Avenue, Suite 101

St. Louis, MO 63108

(314) 361.9100 fax (314) 361.9111 vealrealty@vealrealty.com

Name _____

Unit Address _____

www.vealrealty.com

APPLICANT INFORMATION

Name	Tentative Move-in Date Monthly _____ Lease _____
Pet: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: **If a unit permits pets, the minimum non-refundable pet fee is \$200.00, and an additional monthly fee of \$20.00 per pet will be added to the rental rate.	
Parking (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No **Certain properties require an additional monthly fee for parking.	

UNIT INFORMATION (to be completed by VRG office)

Property Address	
Rent	Security Deposit

POLICIES AND PROCEDURES: APPLICATION FOR TENANCY

Our policy of tenant selection is based on the following concepts:

1. Minimizing loss of revenue for our clients and our firm.
2. Commitment to the Fair Housing Law and Fair Housing Amendment.
3. Preventing overcrowding by adhering to occupancy limits and laws.

APPLICATION PROCESS

1. Complete the application and pay the credit reporting (application) fee. When completing the attached application, please be sure to initial at the bottom of each page and sign where noted. Please include the following the information in addition to your application:
 - A copy of your most recent pay statement
 - A copy of your driver's license or a photo identification
2. Amount required to **HOLD** the unit:
 - Application fee of \$40.00 per application processed (including cosigners)
 - Security Deposit
3. The application process takes approximately two days. The applicant will be contacted upon completion.
4. Anyone who does not have sufficient income (1/3 of net) **MUST** have a cosigner.
5. **APARTMENTS WILL NOT BE HELD WITHOUT A COMPLETED APPLICATION ON THE PERSON (S) TO BE PROCESSED.**
6. **APPLICATION FEES ARE NON-REFUNDABLE.**
7. If the application is not approved and a security deposit has been placed on the unit, it will be refunded.
8. **ALL FUNDS** received will be forfeited if applicant(s) cancels the application and/or fails to provide all pertinent information required for processing application in a timely manner.
9. All terms and conditions relating to the rental of an apartment must be in writing.
10. If an apartment is not available by the agreed upon occupancy date and the applicant wishes to cancel residency of that unit, all funds (excluding application fees) will be refunded.
11. University City applicants must provide receipt and/or occupancy permit **PRIOR** to signing Lease.
12. Please bring in or fax the entire application packet to Veal Realty Group, Ltd. at (314) 361-9111.
******Veal Realty Group, Ltd. DOES NOT ACCEPT CASH. We accept checks, money orders cashier's checks and credit cards. Returned checks will be charged a \$25.00 fee and may be subject to legal proceedings. ******

ACKNOWLEDGMENT OF APPLICATION PROCESS

I have read the above declarations of Veal Realty Group, Ltd. and agree to comply with the application process.

*****The move-in date above is tentative. Please contact the office a week before for actual move-in date and move-in amount**



Signature _____ Date _____



Applicant Initials _____

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Name Mr Ms EMAIL:
Phone No. ()

Social Security No. Date of Birth Driver's
License No.

Marital Status (Optional) Married Separated Widowed Divorced Single How
Long?

Spouse's Name Maiden Name
Spouse's Social Security No. Spouse's Date of Birth Spouse's Driver's
License No.

Residential History

Present Address How
Long? From To
Number Street City State Zip
Landlord or Mortgage Holder Phone No. () Monthly Rent
Or Payment \$

Previous Address How
Long? From To
Number Street City State Zip
Landlord or Mortgage Holder Phone No. () Monthly Rent
Or Payment \$

Previous Address How
Long? From To
Number Street City State Zip
Landlord or Mortgage Holder Phone No. () Monthly Rent
Or Payment \$

Employment History

Current Employer Address Phone No. ()
Position Supervisor How
Long? From To Gross Monthly
Salary \$

Previous Employer Address Phone No. ()
Position Supervisor How
Long? From To Gross Monthly
Salary \$

Spouse's Employer Address Phone No. ()
Position Supervisor How
Long? From To Gross Monthly
Salary \$

Source of Other Income Gross Dollar
Amount \$ Per Year Month


Character References Name of Nearest Relative (other than spouse)

1
Name Relation Address City Phone

2
Name Relation Address City Phone

Occupancy Information

Date Occupancy is to Begin No. of Occupants (total)
Husband (Name/DOB) Wife (Name/DOB)
Children (Name/DOB) Other (Name/DOB)

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PLEASE READ ALL TERMS BELOW AND SIGN:


It is understood that the premises are to be used as a residence to be occupied by not more than _____ persons and that occupancy is subject to possession being delivered by present occupant. An application fee in the sum of **\$40.00** received on _____ (date) has been deposited with Landlord, with clear understanding that this application, including each prospective occupant, is subject to approval and acceptance by Landlord in its sole discretion. I hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. Upon approval and acceptance, the applicant agrees to execute a lease before possession is given and to pay the security deposit and the first month's rent within five days after being notified of acceptance (time being of the essence); failing which the application fee shall be retained by Landlord as the agreed compensation for credit investigation, processing and verification of the application, other expenses and/or loss of rent, and the Landlord shall have no further obligation to applicant. In no event is the application fee refundable to the applicant. The applicant hereby waives any claim for damages by reason of non-acceptance of this application, which the Landlord or his agent may reject without stating reasons for doing so. It is further agreed that if any information herein is false, the lease made on the strength of this application may, at the option of the Landlord, be terminated at any time.

 Signature _____

Date _____

 Spouse's Signature _____

Date _____

 Applicant Initials _____

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Name _____

SSN _____

TO WHOM IT MAY CONCERN:

Please be advised that the undersigned has authorized the disclosure of the following information:

LANDLORD INFORMATION

When did the account open?	When did the account close?
What was the monthly payment?	
Did the residents pay promptly? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	
Did the residents give a thirty (30) day notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were there any disturbances or property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the residents request a large number of work orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the undersigned currently past due? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount past due: \$	
Has the undersigned had any returned checks? <input type="checkbox"/> Yes <input type="checkbox"/> No No. of returned items:	
Has the undersigned had any late charges? <input type="checkbox"/> Yes <input type="checkbox"/> No No. of late charges:	
Number of times late: 5 days 6-30 days 31-60 days 61-90 days	
Is there a co-resident signed on the lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the lease guaranteed by a cosigner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the resident(s) currently receiving any housing subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were there any unauthorized residents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you re-rent to the resident(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you would NOT re-rent to the resident(s), please explain:	

EMPLOYMENT VERIFICATION

What date was the applicant hired?	
If terminated, the date employment was terminated.	
What position does the applicant hold?	
What is the applicant's salary? \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time; hours per week _____
Does the applicant currently have any garnishments? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

We would appreciate your reply as soon as possible. Please sign below. Thank you.

Authorized by:

Form completed by:



Applicant's signature

Company Name



Spouse's signature

Printed Name

Signature



Applicant Initials _____