

PPMC RENTAL APPLICATION
5133 S. Campbell, Suite #202
Springfield MO 65807
417-883-9506
www.ppmcrentals.com

(Each person over 18 and not a dependent must submit a separate application)
(Spouses may complete a joint application)

GENERAL INFORMATION ON APPLICANT

First Name	Middle Initial	Last Name	Social Security Number	
Present Street Address	City	State	Zip	Telephone No.
Date of Birth	Drivers License No. and State	OR	Govt. Issued Photo ID No.	

E-mail address: _____

Have you ever been known under any other names or aliases? Yes No

If yes, please list: _____

List States resided in for the past 10 years from this application date: _____

How did you hear about us? _____

GENERAL INFORMATION ON SPOUSE

First Name	Middle Initial	Last Name	Social Security Number	
Present Street Address	City	State	Zip	Telephone No.
Date of Birth	Driver/s License No. and State	OR	Govt. Issued Photo ID No.	

Have you ever been known under any other names or aliases? Yes No

If yes, please list: _____

List States resided in for the past 10 years from this application date: _____

GENERAL INFORMATION ON ADULT DEPENDENT (if applicable)

First Name	Middle Initial	Last Name	Social Security Number	
Present Street Address	City	State	Zip	Telephone No.
Date of Birth	Driver's License No. and State	OR	Govt. Issued Photo ID No.	

List States resided in for the past 10 years from this application date: _____

Do you or someone residing in the apartment need to request a special accommodation due to a disability? If so, please list the accommodation request: _____

EMPLOYMENT HISTORY ON APPLICANT

Name of Present Employer _____

Employer's Street Address _____ City _____ State _____ Zip _____ Telephone No. _____

Position Held with Present Employer _____ Gross Monthly Income _____ Length of Employment _____

Supervisor's Name _____ Telephone Number _____

If current employment is less than 6 months, please complete previous employment

Name of Previous Employer _____

Previous Employer's Street Address _____ City _____ State _____ Zip _____ Telephone No. _____

Position Held with Previous Employer _____ Gross Monthly Income _____ Length of Employment _____

Previous Supervisor's Name _____ Telephone Number _____

EMPLOYMENT HISTORY ON SPOUSE

Name of Present Employer _____

Employer's Street Address _____ City _____ State _____ Zip _____ Telephone No. _____

Position Held with Present Employer _____ Gross Monthly Income _____ Length of Employment _____

Supervisor's Name _____ Telephone Number _____

Name of Previous Employer _____

Previous Employer's Street Address _____ City _____ State _____ Zip _____ Telephone No. _____

Position Held with Previous Employer _____ Gross Monthly Income _____ Length of Employment _____

Previous Supervisor's Name _____ Telephone Number _____

CREDIT HISTORY

Bank Name _____ City _____ State _____ Zip _____

Do you have any other non-work income you want considered (alimony, child support, investments)? Yes No

If yes, please explain: _____

Have you or any other prospective residents ever owned a home? Yes No

Do you have any past credit problems you want to explain? Yes No

If yes, please explain: _____

Have you, your spouse any other prospective residents or occupants listed on this Application ever (check if applicable; you represent the answer is "No" to any item not checked below):

- been evicted or asked to move out?
- broken a rental agreement or lease contract?
- been or, are currently delinquent to a previous landlord?
- declared bankruptcy; if so, when?: _____
- been convicted for either a felony, a sex-related offense or a misdemeanor? If yes, please explain: _____
- received deferred adjudication for either a felony, a sex related offense or a misdemeanor? If yes, please: _____
- been arrested for any crime which has not been fully adjudicated (by deferred adjudication dismissal, acquittal, or conviction)? If yes, please explain: _____

RENTAL AND CRIMINAL HISTORY

List a minimum of 24 months of rental/mortgage history.

Name of Present Landlord <i>(If Applicant and Applicant's Spouse are completing this Application, name all Landlords for both parties)</i>	Monthly Rental Rate	Date Moved In	Date Moved Out
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Street Address	City	State	Zip
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Telephone Number of Present Landlord

Name of Previous Landlord <i>(immediately prior to the Present Landlord)</i> <i>(If Applicant and Applicant's Spouse are completing this Application, name all Landlords for both parties)</i>	Monthly Rental Rate	Date Moved In	Date Moved Out
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Street Address	City	State	Zip
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Telephone Number of Previous Landlord

OTHER OCCUPANTS (list all persons not signing this Application who will be listed on the lease)

Name	Social Security Number	Relationship to Applicant
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Present Street Address	City	State	Zip	Telephone No.
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Date of Birth	Drivers License No. and State	OR	Govt. Issued Photo ID No.
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Name	Social Security Number	Relationship to Applicant
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Present Street Address	City	State	Zip	Telephone No.
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Date of Birth	Driver's License No. and State	OR	Govt. Issued Photo ID No.
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Name	Social Security Number	Relationship to Applicant
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Present Street Address	City	State	Zip	Telephone No.
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Date of Birth	Driver's License No. and State	OR	Govt. Issued Photo ID No.
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ANIMALS

Do you or any other prospective resident or occupant have an animal? Yes No If so, please list:

Type	Breed	Weight	Color	Age
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Type	Breed	Weight	Color	Age
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YOUR VEHICLE(S) If Applicant will be parking a vehicle on the property, please provide the following information:

Vehicle Type (car, motorcycle, truck)	Make of Vehicle	Model	Year	State/License Plate No.
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Vehicle Type (car, motorcycle, truck)	Make of Vehicle	Model	Year	State/License Plate No.
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Vehicle Type (car, motorcycle, truck)	Make of Vehicle	Model	Year	State/License Plate No.
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EMERGENCY In case of emergency, notify (preferably a relative over the age of 18 years):

Name	Relationship	Address	Home Phone No.	Work Phone No.
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