



Ozarks Best Home Solutions, LLC
417-693-6917
Fax: 417-268-9041



APPLICATION FOR RENTAL

Fax to: 417-268-9041_ or eMail to: ozarksbesthomes@gmail.com_ then call 417-693-6917_ when you send it.

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

Application Fee \$_____, Paid Date _____, How Paid _____, Rec'd by_____, Date Processed _____.

PLEASE PRINT - ALL information must be completed. All blanks must be filled in – failure to do so may prevent your application from being processed. The decision to rent to you will depend in great part on your credit history and references. Only clean, responsible people, who pay rent on time, need apply.

How did you find out about us? Sign : Newspaper : Friend : Internet : Other _____

Address You Are Applying For: _____

YOUR PERSONAL INFORMATION

Full Name _____ Phone _____ Work Phone _____

Cell Phone _____ Do you text: _____ Email Address _____

Social Security Number _____ - _____ - _____ Current Driver's License # _____ State _____

Present Address _____

City _____ State _____ Zip _____

How Long? _____ If renting, Apartment name/location _____ Phone _____

Landlord/mgr's name _____ Alternate Phone _____

Why are you leaving? _____

_____ Current Rent: \$ _____

Previous Address _____

City _____ State _____ Zip _____

How Long Where You There? _____ If renting, Apartment name/location _____ Phone _____

Landlord/mgr's name _____ Alternate Phone _____

Why did you leave? _____

_____ Current Rent: \$ _____

Present Employer _____ Position _____ How Long? _____

Address _____ Phone _____

Gross Monthly Income before deductions \$ _____ Other Income \$ _____ Source _____

Former Employer _____ Position _____ How Long? _____

Address _____ Phone _____

Why did you leave? _____

PLEASE CONTINUE ON NEXT PAGE

CREDIT REFERENCES

These can include store credit cards, rental stores, cell phone account, car loans, small loans, etc.

Bank _____ Acct # (s) _____ Branch _____ Checking : Savings : Loan :
City _____ State _____ Approx. Balance \$ _____ How Long? _____

Other Active Credit Ref: _____ Account # _____ Exp. Date: _____
Type of Account: _____ Credit Limit: \$ _____ How Long? _____ Are all payments current? YES : NO :

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Other Active Credit Ref: _____ Account # _____ Exp. Date: _____
Type of Account: _____ Credit Limit: \$ _____ How Long? _____ Are all payments current? YES : NO :

Additional Credit References can be listed on back of this page.

Have you ever been evicted? YES : NO : Have you ever had a foreclosure/repossession? YES , Date _____: NO :
If yes, explain: _____

Have you ever filed for bankruptcy? YES , Date _____: NO : If yes, Chapter 7 or Chapter 13 ?
If yes, explain: _____

Have you ever been convicted of a crime, other than a traffic violation? YES : NO :
If yes, explain: _____

PERSONAL REFERENCES

List three persons, OTHER THAN YOUR RELATIVES, we may contact to verify your character.

Name _____ Relationship _____ Phone: _____
Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone: _____
Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone: _____
Address _____ City _____ State _____ Zip _____

EMERGENCY

In an emergency people we may contact (List two, other than spouse/roommate, nearest relatives first)

Name _____ Relationship _____ Phone: _____
Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone: _____
Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone: _____
Address _____ City _____ State _____ Zip _____

PLEASE CONTINUE ON NEXT PAGE 

OTHER INFORMATION

OTHER PERSONS (INCLUDING CHILDREN) WHO WILL LIVE IN THE DWELLING UNIT

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Pets*: Name: _____ Type: _____ Weight: ____ lbs.**

Name: _____ Type: _____ Weight: ____ lbs.**

* NOTE: A photo of each pet listed above shall be included with this Application. No pets are allowed at any time on the premises without prior Management consent and payment of fees – NO EXCEPTIONS!

** NOTE: Any pet(s) must be added to Resident's Renter's Insurance Policy and such insurance policy MUST be provided to Management.

Date of desired occupancy: _____

Anticipated length of stay: _____

Do you own: Vacuum cleaner : Lawn mower : Water bed : Musical instruments : Does anyone smoke? Yes : No :

List all motor vehicles, including recreational vehicles, to be kept at the property:

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #	STATE	MONTHLY PAYMENT
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

A non-refundable application fee of \$35.00 and a reservation fee of \$_____ are required for processing this Application, and is being paid herewith. The undersigned expressly agrees that if this Application is approved applicant herewith agrees to rent this property. Applicant further agrees that if applicant is accepted by Management and then decides, for any reason, not to move into the premises, then all monies paid herewith shall be retained as liquidated damages since other prospective tenants may have been turned away and it may be necessary for Management to re-advertise the property and evaluate other applicants. Processing of this Application shall be as timely as possible and the results may be delivered via telephone, fax or mail. Once approved, applicant agrees to pay the balance of funds and complete the paperwork within 48 hours, otherwise management will assume that applicant has decided to forfeit the reservation/earnest money payment made herewith and will begin re-marketing the property. If applicant is not approved, all monies given herewith, less application fee shown above shall be returned to applicant. Applicant understands and agrees that rent begins as of the day after application approval and will be prorated for the following month.

A PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE IDENTIFICATION CARD, SOCIAL SECURITY CARD, MY PAY CHECK STUB(S) FOR THE LAST MONTH AND MY LAST TWO (2) YEAR'S W-2(s) OR COPIES OF MY LAST TWO (2) YEARS INCOME TAX RETURNS ARE ATTACHED TO THE APPLICATION , OR WILL BE PROVIDED . I declare that this Application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of this Application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this Application.

Applicant's Authorization

Date

Separate application needed from each occupant 18 years old or older