Hawthorne Management Company

Rental Application

A \$30 non-refundable application fee as well as one-half of the security deposit is required when you return this application. This application must be filled out completely in order for it to be processed. When there are unrelated applicants, each applicant must complete their own application. Thank You.

The undersigned hereby m	akes application to	rent the unit located at			
Beginning	, and ending	Personal Informa	, at a monthly rer	ntal amount of \$.00.
Applicant's Full Name:				Day Phone:	
Date of Birth:		Social Security	Number:		
Do you have a Co-Applican	t who is not your sp	oouse?: ¥es No			
If yes, Co-Applicant's Name	e(s)				
If married, Spouse's Full Na	ame:				
Date of Birth:		Social Security	Number:		
Number of Dependents:	D	Dependent(s) Name(s) a	and Age(s):		
Name, Address, and Phone					
Do you have pets? Yes			=		· · · · · ·
the "other" category, pleas Has your pet com	* *				
Your Student Number:			School:		
Your Driver's License Numb	oer:		State	::	
If married, Spouse's Driver	's License Number:_			State:	
Your Vehicle Make/Model:_			Year:	License Plate: _	
Second Vehicle Make/Mode	4:		Year:	License Plate:	

Rental Information					
* Current Address					
Address:	Apt.#City/State:Zip Code:				
Month/Year Moved In:	Lease Expiration:				
Reason For Leaving:					
Landlord:	Day Phone #: ()				
* Previous Address (1	f Within the Last Three Years)				
Address:	Apt.#City/State:Zip Code:				
Month/Year Moved In:	Lease Expiration:				
Reason For Leaving:					
Landlord:	Day Phone #: ()				
	Employment Information				
	Employed Full Time (40 hours/week) Retired Employed Part Time (hours/wk) Student				
Employer and Address:					
Date Employed:	Job Title:				
Supervisor's Name:	Phone Number: ()				
Salary: \$per	If employed by the above for less than six months please give your previous employer's name:				
Address:	Daytime phone number:				
-	not married disregard)				
Employer and Address:					
• •	Job Title:				
	Phone Number: ()				
Salary: \$per	. If employed by the above for less than six months please give your previous employer's name:				

106 N. Garth Avenue, Columbia MO 65203 Phone: 573.442.3831 Fax: 573.442.1496 <u>www.hawthornemanagement.net</u> Email: hmcmanage@live.com

Address:	Daytime phone number:				
	Financial Information				
(banker, employer, social security, hor Please provide management with prir	using assistance, etc.) whom we could conta	ity, Veteran's Benefits, and the like. You do not			
Amount(s): \$	Source(s):				
Amount(s): \$	Source(s):				
	Character Information				
Have you ever:					
1. Been evicted from tenancy? No	Yes If yes, when:				
Been convicted of a felony? No	Yes If yes, explain:				
Please give any additional information	n that might help management evaluate this	s application.			
If management has any questions ab	out this application, please give phone num _Night Phone:	nbers where you can bereached:			
	on. They will be required to sign a gua	al assistance to pay your rent, you must aranty agreement. As such, a consumer			
Name(s):					
Social Security Number(s):					
Address:	City & State:	Zip:			
Daytime Phone Number:	Evening Phone Nu	umber:			
	DI FACE DEAD & C	TON			

PLEASE READ & SIGN

I/We hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental amount is to be payable the first day of each month in advance. I/We warrant that all statements above set forth are true, however, should any statement made above be a misrepresentation or not a true statement of facts, \$100.00 of the deposit will be retained to offsetthe cost, time and effort in processing this application and the application will be denied.

Any such misrepresentation or false statement will constitute a default under the lease and will entitle lessor to termination of the lease if such misrepresentation or false statement is not discovered by lessor until after parties enter into the lease. This paragraph shall be incorporated into any lease entered into between lessor and lessee.

business banking days. Upon acceptar so approved, I/We agree to exect deposit within five business banki liquidated damages, actual damage agent's time and effort in processing t and for holding the property in question approved and accepted by the owner	nce of this application, this deposit shall be ute a lease before possession is given ing days after being notified of accept es being difficult if not impossible to ascerta the application including making necessary on off of the rental market and not leasing services.	ed if this application is not accepted within six retained as part of the security deposit. When and to pay the balance of the security tance or the deposit will be forfeited as ain. The deposit will be used in payment of investigation of credit, character, and reputation the same to others. If this application is not applicant hereby waiving any claim for damage tating any reason for so doing.
whereby information is obtained throu current and previous landlords and otl general reputation, personal character	ners with whom I/we may be acquainted. T	wellas personal interviews with employers, This inquiry includes information as to characte that I/we may have the right to make a writter
I/We recognize as part of your procedon local, state & national levels.	ure for processing this application, an invest	stigate criminal background check may be done
The above information, to the best of	my knowledge, is true andcorrect.	
Signature of applicant(s):		
		_Date:
		_Date: