

NOTE: You must bring a money order for deposit when you apply. Application will not be accepted unless you provide this money order. You will have to re-apply in 6 months if your application has been declared abandoned.

Fill in ALL of the move-in and move-out dates as well as landlord's contact information. An extra page is provided, if needed. You must provide information for the last 5 years of residency, even if it was with a family member. If you have bank accounts you will need to provide recent statements. Feel free to call if you have any questions.

Bring the following documents with you: (application will not be accepted without these items)

- o 6 recent paycheck stubs and/or award letters for income verification
- o Social security cards and birth certificates for each household member
- o State photo ID for each adult

WE	1	<input type="checkbox"/>	2	<input type="checkbox"/>
GFP	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Spring	1	<input type="checkbox"/>	2	<input type="checkbox"/>
Rent \$	_____			
Dep. \$	_____			

Rental Application
Eichelberger Property Management, LLC
Office: 314-752-3570 Fax: 314-752-3474 www.epmstl.com

Requested move-in date: _____ **Number of occupants over 18 years old:** _____

Name: _____ **Maiden:** _____
First Middle Last

Phone #: _____ **Email address:** _____

SSN: _____ **Date of Birth:** _____ **Marital status:** _____

Current Address: _____
Street City State Zip

Move-in date at current address? _____ **Monthly rent: \$** _____
mm/dd/yyyy

Current Landlord name: _____ **Are you related to landlord?** yes no

Current Landlord phone: _____ **Landlord fax:** _____

Previous Address: _____
Street City State Zip

Move-in date at previous address? _____ **Move-out date:** _____
Monthly rent: \$ _____ mm/dd/yyyy mm/dd/yyyy

Previous Landlord: _____ **Were you related to landlord?** yes no

Previous Landlord phone: _____ **Landlord fax:** _____

Current Employer: _____ **Phone:** _____

Current Position: _____ **How long:** _____ **Salary:** _____

Previous Employer: _____ **Phone:** _____

Previous Position: _____ **How long:** _____ **Salary:** _____

Other sources of income: _____ **Amount: \$** _____

Character References (First one should be your nearest relative or emergency contact)



1.) _____
 Name Relationship Address Phone

2.) _____
 Name Relationship Address Phone

3.) _____
 Name Relationship Address Phone

- Reason For Moving:** Getting Married Getting Divorced or Separated Nicer Apartment Lower Rent
 Living at Home Moving From Outside of St. Louis More Convenient to Work More Convenient to School
 Other Reason _____

Please answer the following regarding your credit/rental history:

- Have you rented in your name before? Yes No
 Do you have any utility bills in collections? Yes No
 Have you been evicted? Yes No Do you have any foreclosures? Yes No
 Have you had a bankruptcy? Yes No If yes, when was it discharged? Date: _____

How Did You Learn About This Unit?

- Epmstl.com Craig's List Zillow Different website Sign A Friend Other

List who will live at this apartment:

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

IN SIGNING THIS APPLICATION, THE UNDERSIGNED STATES THAT THE ABOVE INFORMATION IS WARRANTED TO BE TRUE AND HEREBY AUTHORIZE EICHELBERGER PROPERTY MANAGEMENT, LLC, 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 EICHELBERGER PROPERTY MANAGEMENT, LLC. APPLICANT FURTHER RECOGNIZES THAT EICHELBERGER PROPERTY MANAGEMENT, LLC, IN ITS INVESTIGATION PROCEDURES DOES NOT CONSIDER ANY INFORMATION OBTAINED THROUGH ITS INVESTIGATION TO BE CONFIDENTIAL AND A FULL DISCLOSURE OF PERTINENT FACTS MAY BE MADE TO THE OWNER. I FURTHER AGREE THAT THE APPLICATION FEE IS NONREFUNDABLE AND DOES NOT APPLY TO THE RENT OR DEPOSIT OF THE APARTMENT FOR WHICH I AM APPLYING.

NOTICE TO CONSUMER: AN INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION AS TO CREDIT AND FINANCIAL RESPONSIBILITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, WHICHEVER ARE APPLICABLE, MAY BE PRESENTED TO THE OWNER OF THE BUILDING FOR WHICH YOU ARE APPLYING. YOU, THE CONSUMER, HAVE A RIGHT TO REQUEST IN WRITING A COMPLETE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION. YOUR REQUEST SHOULD BE ADDRESSED TO EICHELBERGER PROPERTY MANAGEMENT, LLC, AND MUST BE MADE WITHIN THIRTY DAYS OF THE DATE THE APPLICATION IS APPROVED OR IS NOT APPROVED.

Signed x _____ Date _____
Applicant

Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord. If approved, all monies deposited with this application, exclusive of application fee, will be held as a reservation deposit to be either returned to applicant, or credited toward any deposit which may be required of applicant at the time a rental agreement is executed. Reservation deposit shall not be returned to applicant unless application is denied by Eichelberger Property Management, LLC.

Eichelberger Property Management, LLC conducts business in accordance with all federal, state, and local fair housing laws. It is our policy to provide housing opportunities to all persons regardless of race, color, religion, ancestry, sex, familial status, handicap, sexual orientation, gender identity, or national origin. This company's fair housing procedures must be followed by everyone associated with the company.

Checklist of items to bring with this application:

- Proof of income: Six most recent paycheck stubs, 1099, W-2, award letter, tax return, etc.
- State Issued photo ID for each adult.
- Social Security Card for each occupant
- Birth Certificate for each occupant

Eichelberger Property Management, LLC Rental Acceptance Guidelines

Income:

- Household verifiable gross income at least 2 times the rental rate.
- At least one year at present job or verifiable permanent former employment. Last 6 pay stubs required.

Credit:

- Satisfactory credit. Monthly outstanding debt payments (including rent) should not exceed 60% of monthly gross income.
- NO CO-SIGNER for bad credit or eviction.

Eviction/Criminal Background Check:

- At least one year of verifiable rental history in good standing.
- No misdemeanors or felonies involving firearms, drugs, theft, destruction of property, crimes against a person, or any crime involving a minor.
- No felony record.

Occupancy Standards:

- No more than 2 persons per bedroom per apartment.
- Guests may not reside in home longer than 10 days.
- New occupants under 18 must be approved in writing by landlord prior to occupancy. New occupants over 18 must submit application and application fee and be approved by landlord prior to occupancy.

Application Fees:

- Application fees are \$40 per applicant (cash or money order).
- Application screening includes current and previous employment, rental history, credit, eviction/skip research, and criminal background check.

Security Deposit:

- Security deposit is \$___ to reserve an apartment home (cashier's check or money order).
- Security deposit will be forfeited if cancellation occurs after 3 business days from application submission. Security deposit forfeited unless application denied by EPM, LLC.

I hereby authorize and direct any federal, state, or local agency, organization, business, or individual to release information that will verify certain facts as represented on my application to rent an apartment at Eichelberger Property Management, LLC. This includes records on my rental payment history, general credit report and violations of my lease or occupancy policies, criminal background check, employment history, including contacting my present and former employers and other such records as needed by management to learn all relevant facts about credit and employment history.

I further understand that if I am not present, my signature must be notarized on this form and the application. I understand all parties involved must sign all documents and monies due are paid in certified funds prior to releasing keys to the premises. I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file in the management office and will stay in effect for a year and a month from the date signed.



Eichelberger Property Management, LLC conducts business in accordance with all federal, state, and local fair housing laws. It is our policy to provide housing opportunities to all persons regardless of race, color, religion, ancestry, sex, familial status, handicap, sexual orientation, gender identity, or national origin. This company's fair housing procedures must be followed by everyone associated with the company.

Applicant

Date

Extra page to provide addresses for rental history for 2007 to current date.

Previous Address: _____
Street City State Zip

When was move-in at previous address? _____ **Move-out date:** _____

Monthly rent: \$ _____ mm/dd/yyyy mm/dd/yyyy

Previous Landlord/mortgage holder/person residing with: _____

Previous Landlord phone: _____ **Landlord fax:** _____

Previous Address: _____
Street City State Zip

When was move-in at previous address? _____ **Move-out date:** _____

Monthly rent: \$ _____ mm/dd/yyyy mm/dd/yyyy

Previous Landlord/mortgage holder/person residing with: _____

Previous Landlord phone: _____ **Landlord fax:** _____

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Previous Address: _____
Street City State Zip

When was move-in at previous address? _____ **Move-out date:** _____

Monthly rent: \$ _____ mm/dd/yyyy mm/dd/yyyy

Previous Landlord/mortgage holder/person residing with: _____

Previous Landlord phone: _____ **Landlord fax:** _____

EICHELBERGER PROPERTY MANAGEMENT, LLC

5825 Gravois
St. Louis, MO 63116

Phone: 314-752-3570

www.epmstl.com

Fax: 314-752-3474

REQUEST FOR RENTAL VERIFICATION

Release: I/We authorize the release of any and all information to process our application regarding my/our rental history.

Print applicant name

Signature

Date



Address applying for

APPLICANT, PLEASE DO NOT WRITE BELOW THIS LINE.

Property Manager/ Landlord: Please complete regarding applicant for rental history and fax back to (314) 752-3474 as soon as possible. Thank you!

Current/Previous Address: _____

Move-in/Lease beginning date: _____ Move-out/Lease end date: _____

Amount of monthly rent: _____ Amount of deposit: _____

Proper notice given prior to vacating? _____

Number of late rental payments during lease period: _____ Amount past due? _____

Were there any unauthorized residents? _____

Number of returned checks? _____

Were there any disturbances or property damage? _____ If yes, explain: _____

Would you rent to the applicant again? _____ If no, explain: _____

Person completing form: _____ Signature _____

Are you a friend or relative of this person? Yes ___ No ___

Title: _____ Date: _____

Landlord Name: _____

Landlord phone: _____

Landlord Fax: _____

Property Name: _____ Property Number: _____
Unit Number: _____ Date: _____

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/RESIDENT

Employer Information: _____

Please Return Form To:

To: _____
Attn: _____
Addr: _____
Phone: _____
Fax: _____

To: Eichelberger Property Management, LLC
Attn: Compliance/Resident Manager
Addr: 5825 Gravois Ave
Saint Louis, MO 63116
Phone: (314) 752-3570
Fax: (314) 752-3474

Applicant Name: _____ Social Security #: _____

I hereby authorize the release of my employment information.

Applicant Signature: _____ Date: _____

The individual named directly above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Owner/Management Signature: _____ Date: _____

THIS SECTION MUST BE COMPLETED BY THE EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes No Date First Employed ____ / ____ / ____ Last Day of Employment ____ / ____ / ____

Current Wages/Salary: \$ _____ (mark one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ From ____ / ____ / ____ thru ____ / ____ / ____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (mark one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: ____ / ____ / ____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Printed Name of Signatory Date

Employer [Company] Name and Address

Phone Number Fax Number E-mail Address

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Checklist for Income, Assets, and Allowances

This checklist must be completed at initial certification and at each annual and interim recertification. Each adult member of the household (age 18 or older) must complete and sign a separate form. Failure to comply could result in denial or termination of assistance.

Last Name _____ First Name _____ M.I. _____

Yes **No** Answer Yes or No to Each Item:

NON-ASSET INCOME

- | | | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a child under the age of 18 with no-employment income. Name: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am employed. List all the companies you work for. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive tips, bonuses, or commissions. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently working overtime, or expect to work overtime in the next 12 months. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self employed. Type of business: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own my own small business. Name of business: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently a student, but I expect to be employed in the summer months. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from military employment. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment or Worker's compensation benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive quarterly payments from the Family Independence Agency for the State paid portion of SSI. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits or benefits from the GI Bill. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Pubic Assistance (welfare). |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive alimony. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive child support. How many providers? _____ Is it paid directly to Social Security? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular cash contributions or gifts (including utility, phone, cable, or rent payments paid for you. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from annuities, an inheritance, or a non-revocable trust fund. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular payments from insurance policies. List all policies: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from retirement funds. List all companies: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from one or more pensions. List all pensions: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from lottery winnings. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently having a benefit reduced to adjust for a prior overpayment. |
| <input type="checkbox"/> | <input type="checkbox"/> | I received a cash settlement or lump sum receipt in the last 12 months, or expect to in the next 12 months. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have received a delayed periodic receipt. List agency: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have income from other sources not listed above. Explain: _____ |

ASSET INCOME

- | | | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I have cash held in my home or in a safety deposit box. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have assets held in another state. Type: _____ List state(s) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have assets held in a foreign country. Type: _____ List country(ies): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own real estate. How many properties? _____ Name location(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have equity in rental property or other capital investments. Name _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive rental income from real estate. Name location(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from rental of farm land. Name location(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from oil or gas rights. Name location(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a land contract, mortgage or deed of trust. Name: _____ |

Yes No Answer Yes or No to Each Item:

- I have a vacant house or land that currently receives no income. Name location(s): _____
- I own a mobile home. I receive _____ monthly rental income from it. It is vacant _____
- I own a funeral account. It is revocable. _____ It is non-revocable. _____
- I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections).
- I have a revocable trust.
- I have saving accounts. How many? _____ List all institutions: _____
- I have checking accounts. How many? _____ List all institutions: _____
- I have time certificates. How many? _____ List all institutions: _____
- I have certificates of deposit. How many? _____ List all institutions: _____
- I have money market accounts. How many? _____ List all institutions: _____
- I have IRA's or Keogh's. How many? _____ List: _____
- I have stocks. List all companies: _____
- I have bonds. List all types: _____
- I have treasury bills.
- I have a retirement or pension account.
- I have a life insurance policy(ies). It is a "whole life" policy. _____ It is a "universal life" policy. _____
- I have assets other than what are listed above. Explain: _____
- My name is on accounts not effectively owned by me. Explain: _____
- I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney, in case I become incompetent. These other persons do not own the assets and receive no income from the assets.
- I have joint ownership on one or more of the above assets.

DIVESTITURE

- I have sold, given away, or otherwise transferred an asset(s) for less than it was worth within the last two years. Explain: _____

ALLOWANCES

- I am a full time student and am 18 or older. The school I attend is _____
- I am elderly (62 or older), handicapped or disabled.
- I pay for medical insurance.
- I pay expenses relating to a handicap or disability.
- I pay medical expenses out of my own pocket.
- I pay child care expenses out of my own pocket.
- I pay attendant care expenses out of my own pocket.
- I pay medical, child care, or attendant care expenses for which I am reimbursed by an outside source or governmental agency.

CERTIFICATION

I certify that to the best of my knowledge, all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or termination of housing assistance.

Signature _____

Date _____