

EICHELBERGER PROPERTY MANAGEMENT, LLC

5825 Gravois

St. Louis, MO 63116

Phone: 314-752-3570

Fax: 314-752-3474

I/we give my/our permission to verify all information contained in our application for an apartment as well as to run a credit report and criminal record check and to verify employment and previous tenant history. I/We authorize the release of information necessary to process our application.

Print Name

Social Security Number

Date

Signature

Print Name

Social Security Number

Date

Signature

-
1. Amount of monthly rent: _____ Date Account Opened: _____
 2. Lease period: _____ Was 30 days' notice given? _____
 3. Number of late rental payments during lease period: _____ Is this tenant currently
past due? _____ Amount past due: _____
 4. Any late charges? _____ Number of late charges _____
Number of times late 5 days _____ 30 days _____ 60 days _____ 90 days _____
 5. Any returned checks? _____ Number of returned items _____
 6. Is there a cosigner or co-resident on the lease? _____
 7. Were there any unauthorized residents? _____
 8. Were there any disturbances or property damage? _____ If yes, explain: _____
 9. Did the resident(s) request a large number of work orders? _____
 10. Would you rent to the applicant again? _____ If no, explain: _____
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Please fax your response to **(314) 752-3474**. Thank you very much for your assistance.

A. Zach Pacheco
Broker Associate