

Credit Verification Services
Tenant Application
Page 1 of 2

8206 Gravois Road **314.772.4500 ((Phone)**
St. Louis, MO 63123 **314.772.4100 (Fax)**

APPLICANT, PLEASE PRINT. USE ONLY BLACK OR BLUE INK

Requesting (Please check): Full Screening Credit Report Only Criminal Check Background Only
Wyatt Family Ltd. Partnership [314]540-0442 [314] 481-1470

Organization Name: _____ Phone#: _____ Fax #: _____

Contact Name: John H. Wyatt, General Partner Complex: _____

Unit Address: _____ Rent Amt: \$ _____ Rent Assistance? _____

Applicant Name: _____ Date of Birth: _____ SS#: _____

Single Married Separated Divorced Widowed How long? _____ Driver License #: _____ State _____

Spouse Full Name: _____ Date of Birth: _____ SS#: _____

Driver License #: _____ State _____ Home Phone #: _____ Daytime #: _____

Note: If you have been married less than six (6) months and/or the wife did not take the husband's last name OR hyphenated the name, a SEPARATE credit report must be ran for her at an additional fee. Criminal record check fees are PER Person, not couples.

Current Address: _____ Date moved in: _____

(Street) (City, State & Zip Code)

Rent/Payment: \$ _____ Reason for moving: _____

Landlord/Mortgage Holder: _____ Phone #: _____

Mailing Address: _____

Have you given notice yet? Date notice given: _____

Previous Address: _____ Date moved in: _____

(Street) (City, State & Zip Code)

Rent/Payment: \$ _____ Reason for moving: _____

Landlord/Mortgage Holder: _____ Phone #: _____

Mailing Address: _____

Date notice given: _____ Date moved out: _____

Employer: _____ Start Date: _____ Phone #: _____

Address: _____ Position: _____ Gross Monthly Salary: \$ _____

Previous Employer: _____ Start Date: _____ Phone #: _____

Address: _____ Position: _____ Gross Monthly Salary: \$ _____

Spouse's Employer: _____ Start Date: _____ Phone #: _____

Address: _____ Position: _____ Gross Monthly Salary: \$ _____

Other source(s) of income: _____

Amount: \$ _____ Paid: Monthly: _____ Annually: _____ Phone # to verify: _____

of persons who will reside at this property (and no others): _____ Expected move in date: _____

Will any smokers reside at this property? _____ If so, how many? _____

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Do you have pets? If so, what kind: _____ How many: _____ Weight? Lbs _____

How did you learn of this property's availability? _____

Your Email Address: _____

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Applicant Name: _____
Client Name: Wyatt Family Ltd. Partnership

REFERENCES (list first reference as the contact in case of emergency – then nearest relative other than spouse)

Full Name: _____ Relationship: _____ Phone #: _____
Full Name: _____ Relationship: _____ Phone #: _____
Full Name: _____ Relationship: _____ Phone #: _____

13 Have you or any of the prospective tenants been evicted or subject to landlord action? Yes ___ No ___

14 If Yes fill in the name : _____
15 _____
16 _____

18 Have you or any of the prospective tenants been convicted of a felony? Yes ___ No ___

19 If yes fill in the Name: _____
20 _____
21 _____

Vehicle Model: _____ Make: _____ Year: _____
Vehicle Model: _____ Make: _____ Year: _____

26 In signing this application, the undersigned states that the above information is warranted to be true and hereby authorizes
27 Credit Verification Services and the firm/person to whom this application is made to investigate the references herein used, or statements
28 or other data obtained from me from any other firm or person, pertaining to my credit, rental history, employment, criminal history,
29 or financial responsibility. The undersigned agrees that this application shall remain the property of the firm to whom this application
30 is made. The undersigned further recognizes that Credit Verification Services in its investigation procedures does not consider any
31 information obtained through its investigation to be confidential and a full disclosure of pertinent facts may be made to the landlord
32 or other firm(s) purchasing or using their services. I further agree to pay the cost of the report not to exceed \$ _____
33 **WHICH IS NON-REFUNDABLE. IF APPLICATION IS ACCEPTED AMOUNT WILL BE APPLIED TO 1ST MONTH'S RENT.**

32 **NOTICE TO CONSUMER:** An investigative consumer report, including information as to credit and financial responsibility,
33 character general reputation, personal characteristics, and mode of living, whichever are applicable, may be presented to the firm to whom
34 this application is made. You, the consumer, have a right to request in writing a complete disclosure of the nature and scope of the
35 investigation. Your request should be addressed to Management and must be made within thirty (30) days of the date the application
36 is made.

36 Applicant Signature: _____ Spouse Signature: _____

37 Owner, Manager or Agent Signature: _____ Date Signed: _____

38 Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord. If
39 approved, all monies deposited with this application will be held as a reservation deposit to be either returned to applicant, or credited toward
40 any deposit which may be required of applicant at the time a rental agreement is executed, or kept by Landlord for application process fee.
41 If applicant withdraws the application, then fee is retained by Landlord. If the residence is held for applicant for more than _____ days,
42 all monies shall be forfeited to Landlord.

43 Reservation Deposit with Application: \$ _____ Reservation Deposit for pets (if allowed): \$ _____

44 Other deposit (_____): \$ _____ Deposit Total: \$ _____

**Credit Verification Services Tenant Screening
Permission to Obtain Information**

8206 Gravois Road
St. Louis, MO 63123
314.772.4500 (Phone)

Please return FAX to 314-772-4100
Web site address: www.creditverification.com
e-mail: ejmikitin@sbcglobal.net

Please PRINT and use BLACK INK ONLY

Permission requested of:

Applicant's Name: _____
Address: _____
Social Security #: ____/____/____
Spouse's Name: _____
Social Security #: ____/____/____

TO: _____
ATTN: _____
Phone #: _____
Fax #: _____
Sent by CVS employee _____
Date: _____ Time: _____

The undersigned has given you as a reference in applying to rent property and has authorized the disclosure of the requested information. Please return this information at your earliest convenience. The property is being held for the applicant and we are awaiting your response in order to have complete information. Thank you, in advance, for your cooperation.

Landlord/Mortgage Holder Information
Verified by: _____
Title: _____
Address being verified: _____
Dates of residency: From _____ To: _____
Lease expiration date: _____ Rent assistance? _____
Rent Amount: \$ _____ # of work orders: _____
Rent payments were: Always on time _____
Seldom late _____ Consistently late _____
Did tenant give at least 30 days notice? _____
Any damages or disturbances? _____
If so, what? _____
Would you rent to this tenant again? _____

Employment/Income Verification
Verified by: _____
Title: _____
Date of hire: _____
Position held: _____
Gross monthly salary: \$ _____ OR
Hourly rate: \$ _____
Is this a full-time position? _____
Part-time position? _____
Seasonal position? _____
of hours in typical work week? _____
Prospects for continued employment? _____
OR Termination date: _____

Applicant's Signature

Spouse's Signature

CVS Form 008.1009