

**WALKABOUT CREEK PROPERTIES, LLC**

1620 S Enterprise, Springfield MO 65804

RENTAL APPLICATION (417)890-8718, (417)-890-8719Fax, walkaboutcreek@sbcglobal.net

Rental property of interest: \_\_\_\_\_ Date Needed \_\_\_\_\_

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last ML

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

(1)Contact # \_\_\_\_\_ (2) Contact# \_\_\_\_\_

2. Present Address \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
How long? \_\_\_\_\_ Reason of leaving: \_\_\_\_\_ Was Proper Notice Given \_\_\_\_\_

Present Landlord \_\_\_\_\_ Phone Number: \_\_\_\_\_

**(IF LESS THEN TWO YEARS, Provide Previous Address)**

3. Present Address \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
How long? \_\_\_\_\_ Reason of leaving: \_\_\_\_\_ Was Proper Notice Given \_\_\_\_\_

Present Landlord \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. Employer \_\_\_\_\_ How long? \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Kind of work? \_\_\_\_\_ Title \_\_\_\_\_  
Phone at work \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_ Per \_\_\_\_\_ Monthly Income \_\_\_\_\_

5. List ALL vehicles to be parked on the premises, including those of other persons to occupy premises:  
Type of vehicle \_\_\_\_\_ Year \_\_\_\_\_ Color: \_\_\_\_\_ M/M \_\_\_\_\_ Plate # \_\_\_\_\_  
Type of vehicle \_\_\_\_\_ Year \_\_\_\_\_ Color: \_\_\_\_\_ M/M \_\_\_\_\_ Plate # \_\_\_\_\_

6. List All Name, Ages, and relationship that will be occupied in this home:  
  
(1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

7. Pets? \_\_\_\_\_ How Many? \_\_\_\_\_ Type? \_\_\_\_\_

8. Have you ever been evicted or broke a lease? \_\_\_\_ If yes, why? \_\_\_\_\_

9. Have you ever been sued for non-payment of rent or damage? \_\_\_\_\_ If yes, explain why \_\_\_\_\_

10. Have you ever been convicted of a felony? Y or N If Yes, type and date: \_\_\_\_\_

11. Personal references (please provide at least 2): \_\_\_\_\_

**(List someone not living at the premises, If you are a student living in Student Housing Please List Parents. Information)**

12. In case of emergency, notify Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_. In case of emergency, illness, death, may this person have permission to enter the property and make any legal decisions on your behalf? \_\_\_\_\_. May we contact this person at any time of concern. \_\_\_\_\_

Applicant represents that all of the above info-----

**CORRECT INFORMATION** information is true and complete, and hereby authorizes verification of above information, References and credit records; also acknowledging that false information herein may constitute a criminal offense under the laws of This state. Further, applicant understands that false statements found herein may render any future rental agreement null and void. If approved ,all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant,at the time a rental agreement is executed. If the house or apt is held for applicant for more than 7 days,all monies deposited shall be forfeited to Landlord as liquidated damages

Deposit amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Form \_\_\_\_\_ M/I Date \_\_\_\_\_

Pet Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Form \_\_\_\_\_ Approved \_\_\_\_\_

Applicant represents that all of the above info-----

**CORRECT INFORMATION** information is true and complete, and hereby authorizes verification of above information, References and credit records; also acknowledging that false information herein may constitute a criminal offense under the laws of This state. Further, applicant understands that false statements found herein may render any future rental agreement null and void. If approved ,all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant,at the time a rental agreement is executed. If the house or apt is held for applicant for more than 7 days,all monies deposited shall be forfeited to Landlord as liquidated damages

**Signature of applicant** \_\_\_\_\_

Deposit amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Form \_\_\_\_\_ M/I Date \_\_\_\_\_

Pet Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Form \_\_\_\_\_ Approved \_\_\_\_\_