

THE CENTURY GROUP, INC. APARTMENT APPLICATION

Name: _____ Home Phone: (____) _____
 _____ First Middle Last Work Phone: (____) _____
 Social Security #: _____ Date of Birth: ____/____/____ Driver's Lic. #: _____
 Single Married Widowed Separated Divorced How Long?: _____
 Spouse: _____ Maiden Name: _____
 _____ First Middle Last
 Social Security #: _____ Date of Birth: ____/____/____ Driver's Lic. #: _____

Present Address: _____ How Long?: _____
 _____ Number Street City State Zip
 Landlord/Mortgage Holder: _____ Phone: (____) _____ Rent/Payment: \$ _____
Previous Address: _____ How Long?: _____
 _____ Number Street City State Zip
 Landlord/Mortgage Holder: _____ Phone: (____) _____ Rent/Payment: \$ _____
Previous Address: _____ How Long?: _____
 _____ Number Street City State Zip

Current Employer: _____ Position: _____
 Contact Person: _____ Title: _____ Phone: (____) _____
 Address: _____ Years employed: _____
 _____ Number Street City State Zip Monthly Salary: \$ _____

Previous Employer: _____ Position: _____
 Contact Person: _____ Title: _____ Phone: (____) _____
 Address: _____ Years employed: _____
 _____ Number Street City State Zip Monthly Salary: \$ _____

Spouses Employer: _____ Position: _____
 Contact Person: _____ Title: _____ Phone: (____) _____
 Address: _____ Years employed: _____
 _____ Number Street City State Zip Monthly Salary: \$ _____

Source of Other Income: _____ Monthly Amount: \$ _____
 (Must show documentation to verify) Gross

Character References: First Parents (if living), then other relatives, then friends. **Do not include Spouse.**

1.	Name	Relationship	Address	City	State	Zip	Phone
2.	Name	Relationship	Address	City	State	Zip	Phone
3.	Name	Relationship	Address	City	State	Zip	Phone

Credit References:
 Bank Name: _____ Checking Account Number: _____
 Address: _____ Savings Account Number: _____

Credit Cards/Loans:

Name of Firm	Address	Account No.	Type of Account	Current Balance

Make	Model	Year	Color	License Plate	Monthly pymt	Balance Due	Financed By	Account Number

In signing this application, the undersigned states that the above information provided is warranted to be true and hereby authorizes the firm to whom this application is made and The Century Group, Inc. to investigate the references herein used, or statements or other data obtained from me or from any other firm or person. The undersigned agrees that this application shall remain the property of The Century Group, Inc. and the firm to whom this application is made. The undersigned further recognizes that The Century Group, Inc. 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 landlord, or other firm(s) purchasing or using the services of The Century Group, Inc. I further agree to pay the cost of The Century Group, Inc.'s processing fee not to exceed \$35.00 per applicant, which is a non-refundable expense.

Notice to consumer "an investigative consumer report may be presented to the firm to whom this application is made. 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 The Century Group, Inc. and must be made within thirty days of the date the application is approved or is not approved." Upon receipt of written request The Century Group, Inc. will provide the telephone number and address where you may write to receive a copy of your consumer report.

This application is not binding on landlord to lease apartment to applicant. This application must be submitted with \$35.00 per applicant, non-refundable processing fee, and a \$100.00 reservation earnest deposit. If application is approved and applicant(s) are accepted by the landlord, the \$100.00 will be applied towards the security deposit. If your application cannot be approved, the \$100.00 reservation earnest deposit will be refunded to you. Once the application is signed and submitted the total dollar amount submitted is forfeit if applicant(s) withdraw the application at any time. Signature(s) below verifies acceptance of this agreement and verification the applicant(s) understand and accept the conditions in this application.

Reason for Move: _____ How did you learn of our community?: _____

PETS ARE NOT PERMITTED UNLESS PRE-APPROVED, NON-REFUNDABLE FEES PAID & PET REFLECTED ON LEASE

Do you have a Pet?: _____ Type of pet?: _____ Weight?: _____

THE FOLLOWING OCCUPANTS (AND NO OTHERS) ARE TO OCCUPY SAID APARTMENT:

Applicant : _____ Spouse: _____
 Children: _____ Ages: _____ Other: _____
 Apt. Address: _____ Monthly Rent: _____ Date of Occupancy: _____

Earnest Deposit: \$ _____
 Processing Fee : \$ _____ **Applicant:** _____ **Date:** _____
 Pet Application Fee: \$ _____ **Applicant:** _____ **Date:** _____
 TOTAL : \$ _____ **Authorized Agent:** _____ **Date:** _____

The Century Group Inc.
P.O. Box 544, Fenton, MO 63026
636-349-5757
VERIFICATION REQUEST
INVESTIGATIVE AND CONSUMER REPORT

AUTHORIZATION TO RELEASE INFORMATION: Please be advised that the undersigned has given you as a reference and therefore authorized the disclosure of the requested information.

Applicant's Name: _____ Social Security Number: _____

Applicant's Signature: _____ Date: _____

Spouse's Name: _____ Social Security Number: _____

Spouse's Signature: _____ Date: _____

To: _____
Attn.: _____ Phone: _____ Fax: _____
The applicant(s) identified above have applied with The Century Group, Inc. The applicants listed you as a reference. Please fill in the "Third Party" information requested below that applies to you and return to Autumn Ridge Apartments via fax at (636) 305-1467.

RESIDENCY CURRENT PREVIOUS **(COMPLETED BY THIRD PARTY LANDLORD ONLY)**

Does SSN match? _____ Applicant's Address: _____

Management Company Name: _____

Move-in Date: _____ Move-out Date: _____ Monthly Rental Rate: _____ 30 Day Notice Given: _____

Late Payments: _____ If yes, # of times over 15 days late: _____ Would you rent to this tenant again: yes no

Did Tenant cause any disturbances: _____ If so, what: _____

CREDIT AND LOAN INFORMATION **(COMPLETED BY THIRD PARTY ONLY)**

Date Account Opened: _____ High Balance: \$ _____ Current Balance: \$ _____

Current Payment Amount: \$ _____ How many Payments were Late: _____ How Late: _____

BANK REFERENCE **(COMPLETED BY THIRD PARTY ONLY)**

Date Checking Account Opened: _____ Average Balance: \$ _____

Date Savings Account Opened: _____ Average Balance: \$ _____

EMPLOYMENT CURRENT PREVIOUS **(COMPLETED BY THIRD PARTY EMPLOYER ONLY)**

Does SSN match?: _____ Applicant's Position: _____ Full Time: _____ Part Time: _____ Perm: _____

Hourly Rate: _____ Hours Per Week: _____ OR Salary: _____

Start Date: _____ End Date: _____ Verified By: _____

Verified By: _____ Date: _____
Print name Title

Signature: _____