

**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 Yorktowne Apartments via fax at (314) 892-2330.

**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: \_\_\_\_\_