

APPLICATION FORM FOR PEAK LAND COMPANY RENTALS, LLC

P.O. Box 48

1 Hilltop Place Drive
Farmington, MO 63640

Phone: 573-760-0198 Fax: 573-701-0538



Hill  Apartments
Top



ROCKWOOD
CONDOMINIUMS

When filling out application please sign all forms where signature is required or the application process cannot be complete.

Please be sure to sign:

Application Form:

Bottom of Last Page: Signature of applicant / signed and dated
Application fee of \$35.00 (no exceptions)

Employment Verification Form:

Please sign the employment verification form and give to your employer to complete and either fax to 573-701-0538 or you may return it to the office.
Signature of Employee / signed and dated

Landlord Reference Check:

Bottom of Page: Signature and Date / signed and dated
Please have past landlord complete and fax to our office or you may return with completed application.

Thank you,
Peak Land Company Rentals, LLC



Peak Land Company Rentals, LLC
1 Hilltop Place Drive
P.O. Box 48
Farmington, MO 63640
Office Number: 573-760-0198 or 573-701-4520
Fax Number: 573-701-0538

Application Form for: Hilltop Apartments and Rockwood Condominiums
Located on H Highway in Farmington, MO 63640

1 Bedroom 2 Bedroom 3 Bedroom (Please indicate unit in which you are applying for.)

Each Individual Occupant who is Responsible for Rent Payment MUST complete a separate Application

Last Name:	First Name:	Middle Name:	Social Security Number
Date of Birth:	Driver's License Number:	State (Driver's License):	Home Phone Number:
Present Home Address:	City:	State:	Zip Code:
Length of time at current address:	State reason for moving:	Landlord Name:	Landlord Phone Number:
Previous Address:	City:	State:	Zip Code:
Length of time at current address:	State reason for moving:	Landlord Name:	Landlord Phone Number:

Have you ever been evicted or asked to move? If yes, please explain: _____

Describe each and every person(s) who will occupy the premises: (Name and Age)

Employment Information: All highlighted areas must be filled in

Present Occupation:	Employer Name:	Employer Phone Number:
Employer's Street Address:	Employer's City and State:	
How long with the employer:	Name of Supervisor:	Fax Number:
		*Current Gross Income per year:
Prior Occupation:	Prior Employer's Name:	Prior Employer's Phone Number:
Prior Employer's Street Address:	Prior Employer's City and State:	
How long with employer:	Name of Supervisor:	Fax Number:

Current gross income: If you receive other income please explain if this income is used for household expenses:
 Example: child support, settlement, etc.

Name of Bank:	Street Address of Bank:	City:	State:
Bank phone number:	Checking Account:	Savings Account:	

Please List all of your Financial Obligations on the lines below:

Name of Creditor:	Address of Creditor: Street Address, City and State	Phone Number of Creditor	Monthly Payment Amount

If more creditors please turn over and use back side of application form

Have your ever filed bankruptcy:	If yes: please describe:	Date filed:
Have you ever been convicted of a felony: If yes, please describe: _____		

Personal Reference			
Name	Relationship:	Phone Number	Address:

Vehicle Information			
Vehicle Make:	Model:	Year:	License Plate Number & State

Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of credit report and agrees to furnish additional credit references upon request. Landlord/Agent received a payment of \$35.00 which will be used to verify Applicant's credit history and other background information.
 Actual cost of credit report, including any eviction search, and/or other verifying reports: \$35.00

The undersigned makes application to rent housing accommodations designated as:

<input type="checkbox"/> Hilltop Apartment	Apartment ____ Hilltop Place Drive	Farmington, Missouri, 63640
<input type="checkbox"/> Rockwood Condominium	Condo Unit ____ Treeline Drive	Farmington, Missouri, 63640

At the time the application is submitted for approval there will be a processing fee of \$35.00 collected in the form of cash or money order (non-refundable). Application fee is not refundable if apartment or condominium is not available at the time application is approved. AVAILABILITY IS ON A FIRST COME FIRST SERVE BASIS.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Peak Land Rentals, LLC
1 Hilltop Place Drive
P.O. BOX 48
Farmington, MO 63640



Employment Verification Form

_____ has applied for an apartment at Peak Land Company Rentals, LLC Hilltop Apartments/Rockwood Condominiums. It is necessary for us to verify employment and salary. Please complete the following and fax back to (573) 701- 0538 at your earliest convenience. Thank you for your help.

Signature of employee: _____ Date: _____
Signature Required

Sincerely,

Michelle R. Callahan
Peak Land Company Rentals, LLC

To be filled out by employer:

Employment Dates: _____

Title: _____

Full Time: _____

Permanent: _____

Salary: _____

Comments: _____

Name of person filing out form: _____

Title: _____

Signature: _____

Peak Land Company Rentals, LLC
1 Hilltop Place Drive
Farmington, MO 63640
Phone: 573-760-0198 or 573-701-4520
Fax: 573-701-0538



Peak Land Company Rentals, LLC
1 HILLTOP PLACE DRIVE
P.O. Box 48
Farmington, MO 63640

PHONE NUMBER: 573-760-0198 FAX NUMBER: 573-701-0538

Landlord Reference Check

Please fax back all information to 573-701-0538 at your earliest convenience

Name of applicant: _____

Apartment Community applying for: Rockwood Condominiums or Hilltop Apartments

Landlord's Name: _____

Type of Landlord: [] Management Co. [] Real Estate Co. [] Private Owner [] Other: _____

Type of Resident: [] Apartment [] Home [] Other: _____

Address of Resident (Current or Previous): _____

HISTORY REQUESTED:

Date of Residency: From ____/____/____ to ____/____/____

Amount of Monthly Rent: \$_____ Number of Late Payments: _____

Number of Returned Checks: (NSF'S) _____ Number of occupants: _____

Police called: [] Yes [] No # of calls _____

- 1. Did the resident or hi/her family, damage the apartment or property? [] Yes [] No
2. Did the resident pay for damages? [] Yes [] No
3. Did the resident give proper notice? [] Yes [] No
4. Did the resident have pets? [] Yes [] No
5. Did the resident violate any of the house rules in any way? [] Yes [] No
6. Did the resident violate the lease agreement in any way? [] Yes [] No
7. Would you re-rent to this individual again? [] Yes [] No

Additional comments: _____

Signature of person verifying information: _____

Title: _____ Date: _____

I hereby authorize the information to be released to Peak Land Company Rentals, LLC

Signature _____ Date _____

Signature _____ Date _____