



WALKABOUT CREEK PROPERTIES, LLC

COSIGNER RENTAL APPLICATION
1620 South Enterprise Avenue Springfield, MO 65804
Office: (417) 890-8718 Fax: 417-890-8719
Email: walkaboutcreek@sbcglobal.net
Website: walkaboutcreekproperties.com

**\$20.00 Application Fee Required with return of Application.

**CO-SIGNING FOR: _____

1. Name: _____ Date of Birth: _____

First Last MI

Social Security Number _____ - _____ - _____ Drivers License Number _____

(1) Your Phone # _____ - _____ - _____ (2) Alternate # _____ - _____ - _____

** Email Address: _____

2. Present Address _____ Monthly Payment: _____

How long? _____ Do you- RENT OWN

If you RENT-Present Landlord _____ Contact #: _____ - _____ - _____

4. Employer _____ How long? _____ Months Years

Address _____ Supervisor: _____

Kind of work? _____ Title _____

Phone at work _____ Pay Rate \$ _____ Per _____

Monthly Income \$ _____

5. Have you ever been evicted or broke a lease? YES NO

If yes, why? _____

6. Have you ever been sued for non-payment of rent or damage? YES NO

If yes, explain why _____

7. Have you ever been convicted of a felony? YES NO

If Yes, type and date: _____

8. Personal references (please provide at least 2):

9. We will be running a Credit Check as well as a Criminal Background Check, is there anything we may find on either that you wish to comment on?

Applicant represents that all of the information listed on the Application is -----
CORRECT INFORMATION, is true and complete and also acknowledges that false information herein may constitute a criminal offense under the laws of this state. Furthermore, applicant understands that false statements found herein may result in denial of application and render any future rental agreement null and void. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund even if I don't get the apartment or house. If approved, all monies deposited with this application will be held as a reservation deposit to be credited toward any deposit which may be required of applicant at the time a rental agreement is executed. If the house or apartment is held for the applicant for more than 7 days, all monies deposited shall be forfeited to Landlord as liquidated damages should the Applicant decide not to pursue leasing the property.

FOR OFFICE USE ONLY

Application Fee \$ _____ Date Paid _____ Deposit Amount \$ _____ Date Paid _____

Authorization to Release Information Related to a Residential Lease Applicant

The landlord or landlord's representative who will verify information is:

Landlord Name: Walkabout Creek Properties **Name:** Kapri Keyes **Title:** Property Manager

1620 S Enterprise, Springfield MO 65804 Phone: 417-890-8718 Fax: 417-890-8719

I give my permission:

- (1) To my current and former employers to release any information about my employment history and income history to the above named person.
- (2) To my current and former landlords to release any information about my rental history to the above named person.
- (3) To my current and former mortgage lenders on property that I own or have owned to release any information about my mortgage payment history to the above named person.
- (4) To the above named person to obtain a copy of my consumer report (credit report) from any consumer reporting agency and to obtain criminal background information about me.

****By Signing below I understand and agree to the information listed above regarding a background check.**

X _____
Applicant Signature

_____/_____/_____
Today's Date

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