

RENTAL APPLICATION

Management Company: Four Horizons Realty, Inc.
703 N. Marion Street Kirksville, Missouri 63501
Phone 660-665-3400 Fax 660-665-0463

NAME OF APPLICANT _____ E-MAIL ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ HOW LONG AT PRESENT ADDRESS: _____

PLEASE LIST YOUR CURRENT LANDLORD

CURRENT LANDLORD PHONE OF LANDLORD

IF YOU HAVE RENTED BEFORE PLEASE LIST PREVIOUS LANDLORD

PREVIOUS LANDLORD ADDRESS OF RENTAL PHONE OF LANDLORD

PLACE OF EMPLOYMENT _____

ADDRESS NAME OF SUPERVISOR PHONE

YEAR IN SCHOOL _____ SORORITY _____ FRATERNITY _____

AUTOMOBILE: _____ LICENSE _____
MAKE MODEL YEAR

PARENTS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

PROPERTY APPLYING FOR _____

NUMBER OF PEOPLE TO OCCUPY UNIT _____

We/I hereby authorize Four Horizons Realty, Inc. or a third party authorized by Four Horizons Realty, Inc. to obtain information in connection with my rental application. This information includes but is not limited to a credit check on the applicant. We/I herby understand this rental application becomes part of the lease and agreement.
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE