

WELCOME HOMES CREDIT SERVICES
A Division of Credit Information Corporation
3550 McKelvey • Suite 210 • Bridgeton, MO 63044

Phone (314) 344-0084
 FAX (314) 344-2998

Management Co.

or Landlord Requesting Report:

Phone # ()

Community Monthly

Rent:

NAME				PHONE NO.		
SOCIAL SECURITY NUMBER			*DATE OF BIRTH		DRIVER'S LICENSE NUMBER	
*DATES OF BIRTH ARE REQUESTED TO OBTAIN ACCURATE RETRIEVAL OF RECORDS.						
MARITAL STATUS	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SINGLE	HOW LONG?
Spouse's Name			Maiden Name			
SPOUCE'S SOCIAL SECURITY NO.		SPOUSE'S *DATE OF BIRTH		SPOUSE'S DRIVER'S LICENSE NUMBER		
PRESENT ADDRESS					HOW LONG? From To	
NUMBER	STREET	CITY	STATE	ZIP CODE		
LANDLORD OR MORTGAGE HOLDER			PHONE NO. ()		MONTHLY RENT OR PAYMENT \$	
PREVIOUS ADDRESS					HOW LONG? From To	
NUMBER	STREET	CITY	STATE	ZIP CODE		
LANDLORD OR MORTGAGE HOLDER			PHONE NO. ()		MONTHLY RENT OR PAYMENT \$	
PREVIOUS ADDRESS					HOW LONG? From To	
NUMBER	STREET	CITY	STATE	ZIP CODE		
LANDLORD OR MORTGAGE HOLDER			PHONE NO. ()		MONTHLY RENT OR PAYMENT \$	
EMPLOYED BY:		ADDRESS:		PHONE NO.		
POSITION	SUPERVISOR		HOW LONG? From To	GROSS MONTHLY SALARY \$		
PREVIOUS EMPLOYER (IF IN CURRENT POSITION LESS THAN ONE YEAR)						
POSITION	SUPERVISOR		HOW LONG? From To	GROSS MONTHLY SALARY \$		
SOURCE OF OTHER INCOME			GROSS DOLLAR AMOUNT	PER	<input type="checkbox"/> YEAR <input type="checkbox"/> MONTH	

CHARACTER REFERENCES: NAME OF NEAREST RELATIVE (OTHER THAN SPOUSE)				
1.	NAME	RELATION	ADDRESS	PHONE
2.	NAME	RELATION	ADDRESS	PHONE
BANK REFERENCES				
BANK NAME			CHECKING ACCOUNT NO.	
ADDRESS			SAVINGS ACCOUNT NO.	

CREDIT REFERENCES	ADDRESS	ACCOUNT NUMBER	MONTHLY PAYMENT	PRESENT BALANCE

If you are responsible for child support, alimony or maintenance payments indicate amount \$ _____ month year

Monthly child care expense (baby sitter, nursery, pre-school, etc.) \$ _____

AUTO	MAKE	YEAR	LICENSE NO.	DATE PURCHASED	MONTHLY PAYMENT	BALANCE	FINANCED BY	ACCOUNT NUMBER

REASON FOR MOVING?	<input type="checkbox"/> GETTING MARRIED	<input type="checkbox"/> GETTING DIVORCED OR SEPARATED	<input type="checkbox"/> NICER APARTMENT	<input type="checkbox"/> LOWER RENT	<input type="checkbox"/> ROOMMATE MOVED	<input type="checkbox"/> LIVING AT HOME	<input type="checkbox"/> JOB TRANSFER	<input type="checkbox"/> MOVING FROM ANOTHER AREA
PETS	YES	NO	NOT PERMITTED UNLESS SPECIFIED AND APPROVED BY AUTHORIZED AGENT				TYPE PET	
A. HOW DID YOU LEARN ABOUT THIS UNIT?		<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> YELLOW PAGES	<input type="checkbox"/> SIGN	<input type="checkbox"/> A FRIEND	<input type="checkbox"/> OTHER		
B. TYPE OF UNIT REQUIRED?		<input type="checkbox"/> EFFICIENCY	<input type="checkbox"/> GARDEN	<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> MONTHLY RENT	<input type="checkbox"/> NO. OF BEDROOMS		
THE FOLLOWING OCCUPANTS (AND NO OTHERS) ARE TO OCCUPY SAID APARTMENT:				DATE OCCUPANCY TO BEGIN:				
(Birth dates are requested in order to determine the potentiality on contractual liability.)								
HUSBAND (NAME/BIRTHDATE)				WIFE (NAME/BIRTHDATE)				
CHILD (NAME/BIRTHDATE)				OTHER (NAME/BIRTHDATE)				
ADDRESS OF UNIT								

IN SIGNING THIS APPLICATION, THE UNDERSIGNED STATES THAT THE ABOVE INFORMATION IS WARRANTED TO BE TRUE AND HEREBY AUTHORIZES THE FIRM TO WHOM THIS APPLICATION IS MADE AND WELCOME HOMES CREDIT SERVICES, HEREINAFTER REFERRED TO AS WHCS, TO INVESTIGATE THE REFERENCES HEREIN USED OR STATEMENT OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER FIRM OR PERSON PERTAINING TO MY CREDIT BUREAU REPORT. THE UNDERSIGNED AGREES THAT THIS APPLICATION SHALL REMAIN THE PROPERTY OF WHCS AND THE FIRM TO WHOM THIS APPLICATION IS MADE. THE UNDERSIGNED FURTHER RECOGNIZES THAT WHCS IN ITS INVESTIGATIVE 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 FIRMS. I FURTHER AGREE TO PAY THE COST OF WHCS'S REPORT NO TO EXCEED _____ WHICH MAY, OR MAY NOT BE DEDUCTED FROM THE DEPOSIT.

NOTICE TO CONSUMER (AN INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION AS TO CREDIT AND FINANCIAL RESPONSIBILITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING WHICHEVER IS APPLICABLE, MAYBE REQUESTED TO THE FIRM WHOM THIS APPLICATION IS MADE, YOU, THE CONSUMER, HAVE THE RIGHT TO REQUEST IN WRITING A COMPLETE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION. YOUR REQUEST SHOULD BE ADDRESSED TO WHCS AND MUST BE MADE WITHIN SIXTY (60) DAYS OF THE DATE OF THE APPLICATION IS APPROVED OR NOT APPROVED)

SIGNED: X	SIGNED: X	DATE:
APPLICANT	SPOUSE	
Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved, all monies deposited with this application will be held as a reservation deposit to be either returned to applicant, or credited toward any deposit which may be required of applicant at the time a rental agreement is executed. If applicant withdraws the application, a fee of \$ _____ will be retained by Landlord. If the apartment is held for applicant for more than _____ days, all monies deposited shall be forfeited to Landlord.		
Reservation Deposit with Application	\$	
Reservation Deposit for pets (if allowed)	\$	
Miscellaneous Deposit	\$	
RESIDENT MANAGER OR AUTHORIZED AGENT		
Total Deposit with application	\$	