

**RAC-JAC Property Sales & Management  
Leasing Office  
660-826-8345 Office 1500 Thompson Blvd  
660-221-8316 Cell Sedalia, MO 65301  
660-826-9007 Fax racjac.com**

**All sections must be completed on application or the application will not be processed.**

**Thank you for your interest in our Homes/Apartments**

Date of Application \_\_\_\_\_ Desired Date of Occupancy \_\_\_\_\_

Address of property \_\_\_\_\_

Stone Creet Apartments

Studio

1 Bedroom

2 Bedroom

3 Bedroom

**PERSONAL INFORMATION**

APPLICANT'S FULL NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Drivers' License No./State \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**RESIDENCE HISTORY**

PRESENT ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Present Landlord or Mortgage Co. \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Monthly Payments \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Landlord or Mortgage Co. \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Monthly Payments \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

HAVE YOU EVER: Been sued for non-payment of rent? Yes \_\_\_\_\_ No \_\_\_\_\_

Been evicted or asked to move out? Yes \_\_\_\_\_ No \_\_\_\_\_ Broken a Rental Agreement or Lease? Yes \_\_\_\_\_ No \_\_\_\_\_

Been sued for damage to rental property? Yes \_\_\_\_\_ No \_\_\_\_\_ Declared Bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT INFORMATION**

PRESENT EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Gross Monthly Salary \$ \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Gross Monthly Salary \$ \_\_\_\_\_

**NAME OF CREDITORS**

1. \_\_\_\_\_ 5. \_\_\_\_\_  
2. \_\_\_\_\_ 6. \_\_\_\_\_  
3. \_\_\_\_\_ 7. \_\_\_\_\_  
4. \_\_\_\_\_ 8. \_\_\_\_\_

**NAME OF BANKING INSTITUTE**

CHECKING ACCT. AT: \_\_\_\_\_ How Long \_\_\_\_\_  
CHECKING ACCT. AT: \_\_\_\_\_ How Long \_\_\_\_\_  
SAVINGS ACCT. AT: \_\_\_\_\_ How Long \_\_\_\_\_  
SAVINGS ACCT. AT: \_\_\_\_\_ How Long \_\_\_\_\_

**MISCELLANEOUS**

How Did You Hear About Our Property? \_\_\_\_\_

How Many People Will Occupy This Home/Apartment? \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Car Make(s) \_\_\_\_\_ Year(s) \_\_\_\_\_ License No (s) \_\_\_\_\_ Financed By \_\_\_\_\_

**NAME AND PHONE # OF NEAREST RELATIVE/FRIEND NOT LIVING WITH YOU**

Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby make application for a Home/Apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.  
I authorize you to do a background check. I authorize you to do a criminal check.

\_\_\_\_\_  
APPLICANT SIGNATURE

Date Approved: \_\_\_\_\_ Manager's Signature: \_\_\_\_\_

Date Resident Notified: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ By: \_\_\_\_\_