

RED BRICK MANAGEMENT RENTAL APPLICATION

A \$35 NON-REFUNDABLE APPLICATION FEE IS REQUIRED AT TIME OF APPLICATION. FEE ATTACHED: _____

NAME OF PROPERTY _____ DATE _____ LEASE AGENT 314-361-7067 X _____
 FAX 314-361-8118

HOW DID YOU HEAR ABOUT US? _____ WHAT ATTRACTED YOU TO THIS PROPERTY? _____

FAMILY DATA

NAME OF HEAD OF HOUSHOLD _____ SPOUSE NAME (IF LIVING IN HOUSEHOLD) _____

CURRENT ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

CONTACT NUMBERS: DAY PHONE _____ EVENING PHONE _____ CELL PHONE _____ E-MAIL _____

CHECK ONE: SINGLE MARRIED DIVORCED SEPERATED

HAVE YOU EVER USED ANOTHER NAME? YES NO IF YES, PLEASE PROVIDE _____

PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE ANY SPACES BLANK. WRITE NO WHERE APPROPRIATE.
 IF ADDITIONAL SPACE IS NEEDED TO ANSWER A QUESTION BELOW, PLEASE ATTACH ADDITIONAL SHEETS.
 ADDITIONAL SHEETS MUST REFERENCE THE QUESTION AND CONTAIN YOUR NAME.

FAMILY MEMBERS TO LIVE HERE

MEMBER NO. & NAME:	RELATIONSHIP:	DATE OF BIRTH (M/D/YR)	SOCIAL SECURITY NO.	SEX (M/F)	STUDENT (Y/N)
1	HEAD OF HOUSE				
2					
3					
4					

WILL ANY PETS OCCUPY THE APARTMENT? YES NO IF YES, WHAT KIND _____ HOW MANY _____

ANTICIPATED INCOME

MEMBER #	NAME SOURCE OF INCOME	POSITION	FROM/TO GROSS INCOME/MONTH \$
	ADDRESS	PHONE	CONTACT
	NAME SOURCE OF INCOME	POSITION	FROM/TO GROSS INCOME/MONTH \$
	ADDRESS	PHONE	CONTACT

ARE YOU ELIGIBLE FOR CHILD SUPPORT? YES NO AMOUNT PER MONTH: \$ _____
 OTHER SOURCES OF INCOME (ALIMONY, STIPEND, RETIREMENT BENEFITS, ECT) \$ _____

ASSETS

ARE YOUR ASSETS AND BANK ACCOUNT BALANCES EQUAL TO OR GREATER THAN \$5,000? YES NO

MEMBER #	DESCRIBE TYPE (STOCKS, REAL ESTATE, 401(K), IRA, KEOGH, ECT.)	VALUE
		\$
		\$

CREDIT REFERENCES

(CREDIT CARDS, SCHOOL LOANS, CAR PAYMENTS, MORTGAGE PAYMENTS, ETC)

MEMBER #	COMPANY NAME	CREDITOR	MONTHLY PMT.	BALANCE JUDGEMENTS/BANKRUPTCY? IF YES, DESCRIBE

BANK REFERENCES

MEMBER #	BANK NAME	ADDRESS	TYPE OF ACCT	SAVINGS, CHECKING	AVERAGE BALANCE

VEHICLES

(INCLUDE COMPANY CARS, MOTORCYCLES)

MEMBER #	DRIVER LICENSE # / STATE	MODEL	YEAR	COLOR	PLATE #	STATE	MONTHLY PAYMENT



RESIDENCE HISTORY LIST CURRENT & PREVIOUS LANDLORDS

LANDLORD NAME	LANDLORD ADDRESS			LANDLORD PHONE #
CURRENT ADDRESS	RENT/MO	UTILITIES/MO	MOVE-IN DATE	REASON FOR LEAVING

PREVIOUS LANDLORD NAME	LANDLORD ADDRESS			LANDLORD PHONE #
CURRENT ADDRESS	RENT/MO	UTILITIES/MO	MOVE-IN DATE	REASON FOR LEAVING

PREVIOUS LANDLORD NAME	LANDLORD ADDRESS			LANDLORD PHONE #
CURRENT ADDRESS	RENT/MO	UTILITIES/MO	MOVE-IN DATE	REASON FOR LEAVING

CHARACTER REFERENCES

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

SPECIAL NEEDS

DOES ANYONE IN YOUR FAMILY HAVE SPECIAL NEEDS? YES NO SPECIAL LIVING ACCOMODATIONS REQUIRED? YES NO

PLEASE EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

I/We authorize Red Brick Management, LLC, agent for the property, to verify information in this application.

I/We further agree that a full disclosure of pertinent facts may be made to Red Brick Management, LLC as to my/our character, general reputation, income, credit and mode of living. This application may be rejected as the result of my/our misrepresentation or insufficient information. Acceptance of this application and any deposits is not binding upon Red Brick Management, LLC until this application approved in writing.

I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

_____ APPLICANT SIGNATURE (HEAD OF HOUSEHOLD)	_____ DATE	_____ PROPERTY REPRESENTATIVE	_____ DATE
_____ APPLICANT SIGNATURE	_____ DATE		
_____ APPLICANT SIGNATURE	_____ DATE		

Thank you for choosing a Red Brick apartment home.
We hope your stay is a GREAT experience!

FOR OFFICE USE ONLY:

APPLICATION FEE REC'D \$ _____ RESERVATION DEP. REC'D \$ _____

BY: _____ DATE: _____

APARTMENT SELECTED: _____

DATE APARTMENT DESIRED: _____

NOTES: