
401 CHURCH STREET
PO BOX 465
O'Fallon, MO 63366
unitedpropertiesservice@outlook.com
636-978-5201
Drop Box:
300 Fort Zumwalt Square
Suite 130
O'Fallon, MO 63366

Rental Requirements

- All applications must be filled out completely and truthfully. A non-refundable application fee of \$100.00 per person, for everyone over the age of 18 who will be on the lease and/or living at the residence. Both must be received prior to processing.
 - **All potential residents must be able to provide a US government issued photo ID and must provide a valid social security number.**
 - **We do not accept Section 8, NECAC, or any form of government assistance.**
 - Prospective residents must provide income verification of three times the monthly rental rate.
 - No negative rental history, including but not limited to, landlord tenant actions, prior rent and possessions or non-payment of rent.
 - Prospective residents **MUST** not owe money to any utility company or housing provider.
 - Unsatisfactory credit may be reason for denial or an additional security deposit and/or a co-signer.
 - A criminal background check with any convictions or pending charges may be reason for denial at the discretion of management. A co-signer does **NOT** substitute for this requirement.
 - **No Animals allowed at this time.**
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Rental Application

\$100 Cash or Money Order – Credit Application Fee Per Person.

This rental application is an initial part of the lease signed on _____.

Email to UnitedPropertiesService@outlook.com OR

Mail to 401 Church Street #465, O’Fallon, MO 63366

Rental Address:			Date:
Full Name:		DL Sate/#:	
Date of birth:	SSN:	Phone:	
Email address:			
Current address:		Own	Rent (Please circle)
City:	State:	ZIP Code:	
Monthly payment or rent:	Move In (mm/yy):	Move Out (mm/yy):	
Reason for leaving:			
Owner/Landlord Name:		Phone:	
Previous address:		Own	Rent (Please circle)
City:	State:	ZIP Code:	
Monthly payment or rent:	Move In (mm/yy):	Move Out (mm/yy):	
Reason for Leaving:			
Owner/Landlord Name:		Phone:	
Employment status: Full Time Part Time Student Retired Not Employed (Please circle)			
Current employer:		Email:	
Employer address:		Phone:	
City:	State:	ZIP Code:	
Position:	From (mm/yy):	To (mm/yy):	
Supervisor:		Phone:	
Monthly Income:		Household Income:	
If there are other sources on income you would like us to consider please list income source and the person whom we can contact for verification. You do not have to reveal alimony, child support or spouses income unless you want it to be considered in this application.			
Additional Income:		Verification Contact Name/Phone:	
Name of a person not residing with you:			
Address:			
City:			
Relationship:	State:	ZIP Code:	Phone:
Full Name:		DL Sate/#:	
Date of birth:	SSN:	Phone:	

Email address:		
Current address		Own Rent (Please circle)
City:	State:	ZIP Code:
Monthly payment or rent:	Move In (mm/yy):	Move Out (mm/yy):
Reason for leaving:		
Owner/Landlord Name:		Phone:
Previous address:		Own Rent (Please circle)
City:	State:	ZIP Code:
Monthly payment or rent:	Move In (mm/yy):	Move Out (mm/yy):
Reason for leaving:		
Owner/Landlord Name:		Phone:
Employment status: Full Time Part Time Student Retired Not Employed (Please circle)		
Current employer:		Email:
Employer address:		Phone:
City:	State:	ZIP Code:
Position:	From (mm/yy):	To (mm/yy):
Supervisor:		Phone:
Monthly Income:		Annual Income:
List Each Animal Separately		
Kind/Breed:		Total # Of Animals:
Age/Description:		Height/Weight:
Kind/Breed:		Height/Weight:
Age/Description:		
In effort to keep our parks safe; proper documentation with updated and current vaccinations as well as a statement from a veterinarian that each pet is safe and not harmful are both REQUIRED prior to move-in. ALL PET APPLICATIONS MUST BE SUBMITTED AND APPROVED BY THE OWNER.		
We may contact them to verify any information at any time. You must list at least 2.		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
Have you ever?		If yes please explain and provide dates (mm/yy)
Been Sued for non-payment of rent? YES or NO (Please circle)		
Been evicted or asked to move out? YES or NO (Please circle)		
Broken a rental agreement? YES or NO (Please circle)		
Declared Bankruptcy? YES or NO (Please circle)		
Convicted of a Felony? YES or NO (Please circle)		

Name:	Date of Birth:	SS#:
Relationship:	Convicted of a Felony?	YES or NO (Please circle)
Name:	Date of Birth:	SS#:
Relationship:	Convicted of a Felony?	YES or NO (Please circle)
Name:	Date of Birth:	SS#:
Relationship:	Convicted of a Felony?	YES or NO (Please circle)
Total Number of Vehicles:	Total Number of Motorcycles:	
Make/Model:	Year/Color:	State/Tag:
Make/Model:	Year/Color:	State/Tag:
Make/Model:	Year/Color:	State/Tag:
How did you hear about us?		
Mobile Home Serial #:	Year/Size:	
Make/Model:	Double Wide or Single Wide? (Please circle)	
<p>I HEREBY APPLY TO THE LEASE ABOVE NAMED PREMISES FOR THE TERM AND CONDITIONS SET FORTH ABOVE AND AGREE THAT THE RENT IS TO BE PAYABLE THE FIRST DAY OF EACH MONTH IN ADVANCE.</p> <p>THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND ALL MONIES PAID BEFORE APPLICATION WILL BE PROCESSED.</p> <p>I CERTIFY THAT THE INFORMATION HEIR IN PROVIDED IS COMPLETE AND ACCURATE. I AGREE THAT IN THE EVENT THIS LIST IS NOT COMPLETE OR ACCURATE MY LANDLORD WILL PROCEEDE WITH IMMEDIATE LEASE TERMINATION, EVICTION AND PROSECUTION TO THE FULL EXTENT OF THE LAW.</p> <p>I AUTHORIZE MANAGEMENT TO CONTACT PERVIOUS LANDLORDS, SUPERVISORS, CREDIT AND PERSONAL REFERENCES THAT I HAVE GIVEN IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT AND A CRIMINAL BACKGROUND CHECK. A VALID STATE OF MISSOURI PHOTO ID MUST BE PRESENTED TO MANAGEMENT WITH APPLICATION.</p>		
Signature of Applicant:		Date:
Signature of Co-applicant:		Date:

The following are REQUIRED at lease signing:

Copy of Drivers License(s)

Security Deposit – Paid by Money Order or Cashier’s Check

First Full Month Rent – Paid by Money Order or Cashier’s Check

Copy of Mobile Home Title (If moving your home into Glengate or Stone Creek)

The following are REQUIRED prior to move in:

Proof of an Insurance Policy, PAID IN FULL for the entire lease term.

Banking Information to set up ACH for Monthly Rent (Rent NOT paid by ACH will require an additional \$25 per month processing fee.)

One Time Credit/Debit Card Payment Authorization Form

For Application Processing

\$100 per person over the age of 18

Sign and complete this form to authorize Quality Homes Management, Stone Creek Holdings LLC, or Glengate Estates to make a one-time debit to your credit card or debit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize the above-named companies
(full name)

to charge my credit card account indicated below in the amount of \$_____ on _____ . This payment
(today's date)
is the fee for the processing of a

New Rental Application for _____
(New rental address)

C.C. Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CV2 Code _____

SIGNATURE _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

QUALITY HOME MANAGEMENT

401 Church Street #465
O'Fallon, MO 63366
unitedpropertiesservice@outlook.com
636-978-5201

Rental Verification

Tenant Name (Print): _____

Tenant Signature: _____

To Whom It May Concern

_____ is applying for a mobile home in our community. He/She has listed your property as his/her previous address. If he/she rented within your community/home, we would appreciate you filling this out as soon as possible and emailing it back to: unitedpropertiesservice@outlook.com.

Thank You,
Katherine Warner
Leasing Specialist

Rental Payment Record:

_____ Always on Time _____ Late a Few Times _____ Mostly Late

Lease Dates: _____ to _____

Pets _____ How Many _____ Damages _____

Any Complaints from Residents? _____

If yes, please explain _____

Did you receive a 30-day notice? _____

Would you rent to them again? _____

If no, please explain _____

Signature: _____ Title: _____