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.

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 <u>UnitedPropertiesService@outlook.com</u> OR

Drop off at 300 Fort Zumwalt Square, Suite 130, O'Fallon, MO 63366

• ***							
Rental Address:						Date:	
Applicant Information	直接 對陰			建制整			
Full Name:					DL Sate/#		
Date of birth:	SSN:				Phone:		
Email address:							
Current address:					Own	Rent	(Please circle)
City:		State:	1)		ZIP Code:		
Monthly payment or rent:	Move In (mi	m/yy):		N	Nove Out (m	m/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 Information		BENEFIT !		計畫器	THE PARTY OF		
Employment status: Full Time Part Tir	me Student	Retired	Not Employed	(Pleas	e circle)		
Current employer:					Email:		
Employer address:					Phone:		
City:	State:				ZIP Code	:	
Position:	From (mm	n/yy):			To (mm/y	y):	
Supervisor:					Phone:		
Monthly Income:			Household Inc				
If there are other sources on income you w verification. You do not have to reveal alim	ould like us to nony, child sup	consider ple port or spou	ease list income ses income unle	source a	nd the perso vant it to be o	on whom v considered	ve can contact for d in this application.
Additional Income:	Verif	fication Cont	act Name/Phone) :			
Emergency Contact	夏 萨 新油		理過過	建建设		2. 182	四月前中 田月2008
Name of a person not residing with you:							
Address:							
City:							
Relationship: Sta	ate:			ZIP Co	ode:	Phone:	
Co-applicant Information	對於對對			推盟		國計畫	
Full Name:					DL Sate/	#:	
Date of birth:	SSN:				Phone:		
Email address:							
Current address					Own	Rent	(Please circle)
City:	State	:			ZIP Code	e:	
Monthly payment or rent:	Move	In (mm/yy):			Move Ou	ıt (mm/yy)	:
Reason for leaving:							

Owner/Landlord Name:				Phone:			
Previous address:				Own	Rent (Pleas	e circle)	
City:		State:		ZIP Code:			
Monthly payment or rent:		Move In (mm/yy):		Move Out	(mm/yy):		
Reason for leaving:							
Owner/Landlord Name:				Phone:			
Co-applicant Employment	Informa	ition					
Employment status: Full Time Pa	art Time S	Student Retired	Not Employed (Please	circle)			
Current employer:				Email:			
Employer address:			¥	Phone:			
City:		State:	ZIP Code		le:		
Position:		From (mm/yy):		To (mm/y		/yy):	
Supervisor:				Phone:			
Monthly Income:			Annual Income:	TielenesApol sach	observation of the second		
Animals Or Anything You	Are Kee	ping In Your	Home That Is NOT	Human			
List Each Animal Separately			Total # Of Animals:				
Kind/Breed:			Height/Weight:				
Age/Description:							
Kind/Breed:			Height/Weight:				
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Age/Description: In effort to keep our pa							
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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?				
How did you hear about us?				
Mobile Home Serial #:		Year/Size:		
Make/Model:		Double Wide or Single Wide? (Please circle)		
LUEDEDY ADDLY TO THE LEASE ABOVE N		IAMED PREMISES FOR THE TERM AND		

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.

THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND ALL MONIES PAID BEFORE APPLICATION WILL BE PROCESSED.

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.

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.

Signature of Applicant:	Date:
Olghature of Applicants	
Signature of Co-applicant:	Date:

The following are REQUIRED at lease signing:

Copy of Driver's 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.)

EMPLOYMENT VERIFICATION AUTHORIZATION RELEASE FORM

Requesting Party
Name
Phone
E-Mail
I,hereby authorize you to submit/verify the following information to Quality Home Management, LLC. Your prompt attention to this matter will be greatly appreciated.
Signature Date
TO BE COMPLETED BY EMPLOYER ONLY
Company Name/ Employer:
Employee Job Title:Start Date:
On Leave? Yes No
If yes, Type of Leave:
If Yes, Return Date:
Monthly Average
Hourly Pay: \$ Commission: \$ Tips: \$ Salary: \$
Average Hours worked Per Week:
Pay Period: Weekly Bi-Weekly Monthly Paid in Cash? Yes No
certify that the information listed above is true and accurate to the best of my knowledge.
SignatureDate
PrintTitle
EMPLOYER please email this information to united assess the second secon

EMPLOYER please email this information to <u>unitedpropertiesservice@outlook.com</u>. If you have any questions please call (636)978-5201

RENTAL VERIFICATION

Drop Box: 300 Fort Zumwalt Square Suite 130 O'Fallon, MO 63366 unitedpropertiesservice@outlook.com

Applicant only to Complete
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 Landlord to Complete
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:

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.

[(full name)	authorize the above-n	amed companies		
to charge my credit card account ind s the fee for the processing of a	licated below in the ame	ount of \$ on		This payment
is the fee for the processing of a			(today's date)	ms payment
New Rental Application for				
C.C. Billing Address		Phone#		
City, State, Zip				_
Account Type: Visa	☐ MasterCard	Discover		
Cardholder Name				
•				
Expiration Date				
CV2 Code				
IGNATURE	-			

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.

APPLICATION CHECKLIST

Please complete each section of the application and sign and date page 3. Do not leave sections blank; If something does not pertain to you please put N/A.
Sign the top portion ONLY of the rental verification. If you do not have any rental history, please note that on the form before submitting the application.
Provide copies of US Government issued photo ID's. (Passports NOT issued by the United States will not be accepted)
Provide three (3) months' worth of paycheck stubs. We do not accept bank statements.
Sign the top portion ONLY of the employment verification form. Note: this form does <i>not</i> replace the 3 months of paystubs.
Complete the credit card authorization form for the Application Fee. If you prefer to pay the application by money order, you must leave the "Pay to the Order" blank. We also accept cash for the application fee, but it must be in an envelope with your name on it.