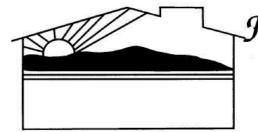


Four Horizons Realty, Inc.

703 N. Marion Street P.O. Box 536 Kirksville, MO 63501 Phone: (660) 665-3400 Fax: (660) 665-0463

RENTAL APPLICATION

APPLICANT	E-MAIL ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY #		
PHONE NUMBER			
SPOUSE	E-MAIL ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY #		
PHONE NUMBER			
CURRENT ADDRESS			
	PHONE #		
HOW LONG AT CURRENT ADDRESS			
ARE YOU CURRENTLY IN A LEASE?	IF SO, WHEN DOES THE LEASE END?		
PREVIOUS LANDLORD	PHONE #		
ADDRESS OF PREVIOUS RENTAL			
	EMPLOYMENT:		
EMPLOYER	SUPERVISOR NAME:		
PHONE #	Length of Employment		
SPOUSE EMPLOYER	SUPERVISOR NAME:		
PHONE#	Length of Employment		
STUDENT? Y N YEAR IN SCHOOL_			
	VEHICLES:		
YEARMAKEMODEL	COLORLICENSE PLATE		
YEARMAKEMODEL	COLORLICENSE PLATE		
PARENT IN	NFORMATION/EMERGENCY CONTACT		
NAME	PHONE#		
ADDRESS			
CITY	STATEZIP		



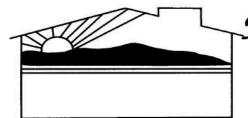
Do you have any pets? _____If yes, please give detail (number, size, weight & type)

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OCCUPANTS:

NUMBER OF OCCUPANTS						
PROPERTY APPLYING FOR	DESIRED MOVE IN DATE					
How long do you think you would be renting from us	?					
Have you declared bankruptcy in the last 7 years?	Yes	No				
Have you ever been convicted of a felony?	Yes	No				
Have you ever been evicted from tenancy?	Yes	No				
Have you ever intentionally refused to pay rent?	Yes	No				
Do you smoke?	Yes	No				
Have you had any issues with bedbugs?	Yes	No				
I hereby authorize Four Horizons Realty, Inc. or a third party authorized by Four Horizons Realty, Inc., to obtain information in						
connection with my rental application. This information includes but is not limited to a credit and background check on the application. I hereby understand this rental application becomes part of the lease and agreement.						
,	·	•				
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.						
SIGNATURE OF APPLICANT		DATE				
SIGNATURE OF SPOUSE		DATE				



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Resident Name:

Address at Time of Residency:

Street Address

City

State

Zip Code

I hereby authorize you to release information regarding my tenancy to the inquiring landlord:

Signature

Printed Name

Date

Spouse Name:

Spouse Name:

Spouse Name:

Spouse Name:

Spouse Name:

Spouse Name:

Street Address

Street Address

City

State

Zip Code

Spouse Signature

Spouse Printed Name

Date

The applicant named above has applied for an apartment with us. This applicant has indicated that you are a present or past landlord. The applicant has authorized us to request and receive information relating to his/her rental history at your property. Please answer all questions below and return this statement by fax as soon as possible. We appreciate your timely response.

Thank you for your cooperation.

LANDLORD

Please note if the applicant is a _	current tenant or a past tenar	nt at your tenant.	
Move-In Date:	Lease Ending Date:		
Amount of Rent: \$			
Number of late payments:			
Number of people living in unit: _			
Was proper notice given?		YES	NO
Is there any past due amount cur	rently owed on the account?	YES	NO
Did the tenant comply with all ren	tal policies?	YES	NO
Did the tenant have any pets?		YES	NO
Have legal proceedings ever been filed on this tenant?		YES	NO
Did the tenant leave the rental in good condition?		YES	NO
Any issues with bedbugs?		YES	NO
Is tenant eligible for re-rental?		YES	NO
Signature	Title	Date	