



RAC-JAC Properties Incorporated

1500 Thompson Blvd., Sedalia, Missouri 65301

www.racjac.com

Phone: (660) 826-8345 Fax: (660) 826-9007

**All sections must be completed on application or the application will not be processed.
Thank you for your interest in our Homes/Apartments**

How did you hear about us? _____

Date of Application _____ Desired Date of Occupancy _____

How Many Total Occupants _____

(A separate application is required for each adult over the age of 18.)

Address of property _____

Stone Creek 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 \$ _____



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PREVIOUS EMPLOYER _____ Dates From: _____ To: _____
 Employer's Address _____ City _____ State _____ Zip Code _____
 Telephone (____) _____ Position _____ Supervisor _____
 Gross Monthly Salary \$ _____

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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

In Emergency Notify _____ Relationship _____
 Home Phone # _____ Cell Phone # _____
 Address _____ City _____ State _____ Zip Code _____
 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