

MID-MISSOURI PROPERTY MANAGEMENT, LLC

500 Market Street, Suite 100 Fulton, MO 65251
TEL: (573) 642-4488 FAX: (573) 642-8866
www.mid-mopm.com

CO-SIGNOR APPLICATION

\$10 Non-refundable fee

CO-SIGNOR INFORMATION

Last name:		First:	Middle:	Home phone #
Co-Signor:				()
Spouse:				Email Address:
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Spouse's maiden name):		Cell phone # ()
Social Security #		Drivers License # and State:		Birth date: / /
Co-Signor:				Age:
Spouse:				/ /

CURRENT ADDRESS

Current Street Address	City:	State:	ZIP Code:
Landlord or Mortgage Lender Name:	Phone #:	Monthly Payment:	Move-in Date:

FOR OFFICE USE ONLY:

How are you related to the Applicant? <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify):	
Have you or anyone living with you ever been evicted or asked to leave a rental property for non-payment or other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, why?	
Do you currently or anyone living with you have an outstanding balance with a previous landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much and why?	

CRIMINAL INFORMATION

Have you or anyone that will be living with you ever been charged, arrested, convicted, plead guilty or no contest to, or been placed on probation for any crime within the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any current pending charges against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crime Involved:	Crime Involved:
Month/Year Conviction:	Month/Year Conviction:
Are you required to register on any registered offenders list?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on Probation/Parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Probation/Parole officer:	

EMPLOYMENT INFORMATION

Occupation:	Employer:	Employer address:	Employer phone no.:
			()
Circle One:	Date Started:	Salary: Hourly / Monthly / Annual	Work phone no.:
Full Time / Part Time / Retired / Student	/ /	\$	()

Other Income to be considered:

If self-employed provide copy of business license, tax returns, bank records, and client references.

FOR OFFICE USE ONLY:

AUTHORIZATION

By signing this application, I am stating that all responses are true and complete. I authorize a representative of Mid Missouri Property Management, LLC to verify the information listed in this application as well as run a credit report and background report on me and/or my spouse (if applicable) as part of the application process. NOTICE: Any false statement on this application can lead to rejection of your application or immediate termination of your lease.

SSN

Signature

Date

Drivers License #

State:

SSN

Spouse's Signature

Date

Drivers License #

State:

NOTE: Legible copies of Drivers License and Social Security Card must be presented with this co-signor application.