

APPLICATION FORM FOR PEAK LAND COMPANY RENTALS, LLC

P.O. Box 48

1 Hilltop Place Drive  
Farmington, MO 63640

Phone: 573-760-0198 Fax: 573-701-0538



Hill  Apartments  
Top



**ROCKWOOD**  
CONDOMINIUMS

When filling out application please sign all forms where signature is required or the application process cannot be complete.

Please be sure to sign:

**Application Form:**

Bottom of Last Page: Signature of applicant / signed and dated  
Application fee of \$35.00 (no exceptions)

**Employment Verification Form:**

Please sign the employment verification form and give to your employer to complete and either fax to 573-701-0538 or you may return it to the office.  
Signature of Employee / signed and dated

**Landlord Reference Check:**

Bottom of Page: Signature and Date / signed and dated  
Please have past landlord complete and fax to our office or you may return with completed application.

Thank you,  
Peak Land Company Rentals, LLC



**Peak Land Company Rentals, LLC**  
**1 Hilltop Place Drive**  
**P.O. Box 48**  
**Farmington, MO 63640**  
**Office Number: 573-760-0198 or 573-701-4520**  
**Fax Number: 573-701-0538**

**Application Form for: Hilltop Apartments and Rockwood Condominiums**  
**Located on H Highway in Farmington, MO 63640**

1 Bedroom     2 Bedroom     3 Bedroom (Please indicate unit in which you are applying for.)

**Each Individual Occupant who is Responsible for Rent Payment MUST complete a separate Application**

Last Name:	First Name:	Middle Name:	Social Security Number
Date of Birth:	Driver's License Number:	State (Driver's License):	Home Phone Number:
Present Home Address:	City:	State:	Zip Code:
Length of time at current address:	State reason for moving:	Landlord Name:	Landlord Phone Number:
Previous Address:	City:	State:	Zip Code:
Length of time at current address:	State reason for moving:	Landlord Name:	Landlord Phone Number:

Have you ever been evicted or asked to move? If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Describe each and every person(s) who will occupy the premises: (Name and Age)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employment Information: All highlighted areas must be filled in**

<b>Present Occupation:</b>	<b>Employer Name:</b>	<b>Employer Phone Number:</b>
<b>Employer's Street Address:</b>	<b>Employer's City and State:</b>	
<b>How long with the employer:</b>	<b>Name of Supervisor:</b>	<b>Fax Number:</b>
		<b>*Current Gross Income per year:</b>
<b>Prior Occupation:</b>	<b>Prior Employer's Name:</b>	<b>Prior Employer's Phone Number:</b>
<b>Prior Employer's Street Address:</b>	<b>Prior Employer's City and State:</b>	
<b>How long with employer:</b>	<b>Name of Supervisor:</b>	<b>Fax Number:</b>

**Current gross income: If you receive other income please explain if this income is used for household expenses:**  
 Example: child support, settlement, etc.

Name of Bank:	Street Address of Bank:	City:	State:
Bank phone number:	Checking Account:	Savings Account:	

**Please List all of your Financial Obligations on the lines below:**

Name of Creditor:	Address of Creditor: Street Address, City and State	Phone Number of Creditor	Monthly Payment Amount

**If more creditors please turn over and use back side of application form**

Have your ever filed bankruptcy:	If yes: please describe:	Date filed:
Have you ever been convicted of a felony: If yes, please describe: _____		

<b>Personal Reference</b>			
Name	Relationship:	Phone Number	Address:

<b>Vehicle Information</b>			
Vehicle Make:	Model:	Year:	License Plate Number & State

Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of credit report and agrees to furnish additional credit references upon request. Landlord/Agent received a payment of \$35.00 which will be used to verify Applicant's credit history and other background information.  
 Actual cost of credit report, including any eviction search, and/or other verifying reports: \$35.00

The undersigned makes application to rent housing accommodations designated as:

<input type="checkbox"/> Hilltop Apartment	Apartment ____ Hilltop Place Drive	Farmington, Missouri, 63640
<input type="checkbox"/> Rockwood Condominium	Condo Unit ____ Treeline Drive	Farmington, Missouri, 63640

At the time the application is submitted for approval there will be a processing fee of \$35.00 collected in the form of cash or money order (non-refundable). Application fee is not refundable if apartment or condominium is not available at the time application is approved. AVAILABILITY IS ON A FIRST COME FIRST SERVE BASIS.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Peak Land Rentals, LLC  
1 Hilltop Place Drive  
P.O. BOX 48  
Farmington, MO 63640



### *Employment Verification Form*

\_\_\_\_\_ has applied for an apartment at Peak Land Company Rentals, LLC Hilltop Apartments/Rockwood Condominiums. It is necessary for us to verify employment and salary. Please complete the following and fax back to (573) 701- 0538 at your earliest convenience. Thank you for your help.

Signature of employee: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Required

Sincerely,

*Michelle R. Callahan*  
Peak Land Company Rentals, LLC

**To be filled out by employer:**

Employment Dates: \_\_\_\_\_

Title: \_\_\_\_\_

Full Time: \_\_\_\_\_

Permanent: \_\_\_\_\_

Salary: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Name of person filing out form: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Peak Land Company Rentals, LLC  
1 Hilltop Place Drive  
Farmington, MO 63640  
Phone: 573-760-0198 or 573-701-4520  
Fax: 573-701-0538



Peak Land Company Rentals, LLC  
 1 HILLTOP PLACE DRIVE  
 P.O. Box 48  
 Farmington, MO 63640

PHONE NUMBER: 573-760-0198 FAX NUMBER: 573-701-0538

**Landlord Reference Check**

Please fax back all information to 573-701-0538 at your earliest convenience

Name of applicant: \_\_\_\_\_

Apartment Community applying for: Rockwood Condominiums or Hilltop Apartments

Landlord's Name: \_\_\_\_\_

Type of Landlord:  Management Co.  Real Estate Co.  Private Owner  Other: \_\_\_\_\_

Type of Resident:  Apartment  Home  Other: \_\_\_\_\_

Address of Resident (Current or Previous): \_\_\_\_\_  
 \_\_\_\_\_

**HISTORY REQUESTED:**

Date of Residency: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of Monthly Rent: \$\_\_\_\_\_ Number of Late Payments: \_\_\_\_\_

Number of Returned Checks: (NSF'S) \_\_\_\_\_ Number of occupants: \_\_\_\_\_

Police called:  Yes  No # of calls \_\_\_\_\_

1. Did the resident or hi/her family, damage the apartment or property?  Yes  No
2. Did the resident pay for damages?  Yes  No
3. Did the resident give proper notice?  Yes  No
4. Did the resident have pets?  Yes  No
5. Did the resident violate any of the house rules in any way?  Yes  No
6. Did the resident violate the lease agreement in any way?  Yes  No
7. Would you re-rent to this individual again?  Yes  No

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

Signature of person verifying information: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize the information to be released to Peak Land Company Rentals, LLC

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date