



Apartment Tenant Screening of America, Inc.		
Ph: 636-946-9200 Fax: 636-946-5400 Web: www.atsofamerica.org		
Landlord Name:	Member #:	Phone:
Rental Amt: \$	Address:	

ATS Rental Application

Applicant Information (All Information MUST be completed to process application.)

Name:	Marital Status: (Please check one)		
	Married Separated Widowed Divorced Single		
<u>Last</u>	<u>First</u>	<u>Middle</u>	How long?
Maiden Name:			SS #:
DOB:			DL #:
Home Phone:			Cell Phone:

Current address

Street address:		Apt #:
City:	State:	Zip Code:
Own Rent (Please circle)	Monthly Amt: \$	How long?
Landlord:	Phone:	Cell Phone:

Previous Address

Street address:		Apt #:
City:	State:	Zip Code:
Owned Rented (Please circle)	Monthly Amt: \$	How long?
Landlord:	Phone:	Cell Phone:

Employment Information (Please fax 2 recent pay stubs)

Current employer:		Start Date:
Street address:		Phone:
City:	State:	Zip Code:
Position:	Hourly rate: \$	Annual rate \$:
Supervisor:	FT or PT:	Paid how often:

Previous Employment or Second Job (Specify)

Employed by:		How long?
Street address:		Phone:
City:	State:	Zip Code:
Position:	Hourly rate: \$	Annual rate: \$
Supervisor:	FT or PT:	Paid how often?

<u>Spouse</u>		<u>(NEED SEPARATE APPLICATION IF NOT MARRIED)</u>	
Name:		Marital Status: (Please check one) Married Separated Widowed Divorced Single	
<u>Last</u>	<u>First</u>	<u>Middle</u>	How long?
Maiden Name:		SS #:	
DOB:		DL #:	
Home Phone:		Cell Phone:	
<u>Spouse Employment Information</u>			
Current employer:		Start Date:	
Street address:		Phone:	
City:	State:	Zip Code:	
Position:	Hourly rate: \$	Annual rate \$:	
Supervisor:	FT or PT:	Paid how often?	
<u>Character References</u>			
Name	Address	Phone	
•			
•			
<u>Reason for Leaving Current Residence</u>			
•			
<u>Children & Birthdates</u>			
•	•		
•	•		
<u>APPLICATION FEE IS NON-REFUNDABLE</u>			
In signing this Application, the undersigned states all information is true and verifiable. You hereby authorize this establishment and ATS of America to run a credit report on all parties who sign the application and to verify the information that has been given on this application. Furthermore, all information will be verified for its truthfulness, validity, and a full report will be returned to the client (landlord) of ATS. The consumer may request a copy of this report by calling Experian at 888-397-3742 or log onto www.freecreditreport.com and follow the prompts.			
Print Name:			
Sign:		Date:	
Spouse Print Name:			
Sign:		Date:	

X

Resident Manager or Authorized Agent