

Rental Application			
Applicant Information		PLEASE PRINT CLEARLY	
Name:		Type of unit:	Move in date:
Date of Birth:	Do you smoke?	Any Pets?	Phone:
Applicant's Driver's License Number and State:			
Current Address:			
City:		State:	ZIP Code:
Own Rent- (Please circle)	Monthly Payment or Rent:		How Long?
Current Landlord, Apt. Community, or Mortgage Holder:			Phone:
Previous Address:			
City:		State: MO	ZIP Code:
Owned- Rented (Please circle)	Monthly Payment or Rent:		How Long?
Previous Landlord, Apt. Community, or Mortgage Holder:			Phone:
Employment Information			
Current Employer:			How Long?
Employer Address:		Immediate Supervisor:	
Phone:		E-mail:	
Position:	Hourly- Salary (Please circle)	Annual Income:	
Previous Employer:			How Long?
Employer Address:		Immediate Supervisor:	
Phone:		E-mail:	
Position:	Hourly- Salary (Please circle)	Annual Income:	
Identify Any Other Income Source and Amount (family, trust, government, etc.) Family-			
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:		State:	ZIP Code: Phone:
Relationship:			
Student Information, if applicable			
Major:		Year:	Student Number:
Fraternity/Sorority Affiliation:			
Military Information, if applicable			
Armed Forces Personnel Branch of Service:			
Stationed At:			Phone:
Rank:		Serial Number:	Squadron:
Motor Vehicle Information (cars/cycles to be kept at address)			
Make and Model:		Year:	
Color:	Plate Number:	State:	
References			
Name:		Address:	Phone:
<ul style="list-style-type: none"> CORRECT INFORMATION: APPLICANT REPRESENTS AND WARRANTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND COMPLETE, AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, AND CREDIT RECORDS. THIS APPLICATION IS PRELIMINARY ONLY, AND DOES NOT OBLIGATE OWNER OR OWNER'S AGENT TO EXECUTE A LEASE OR DELIVER POSSESSION OF THE PROPOSED PREMISES. I HAVE READ AND AGREE TO THE PROVISIONS AS STATED. <p>FEDERAL FAIR HOUSING LAW – (TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968) IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN.</p>			
Signature of Applicant:		Date:	

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