

SIGNATURE INVESTMENT GROUP II, LLC.

Please EMAIL to: **joshscronce@aol.com**

**OR Mail to: Cannon Realty
Attn: Josh Scronce
193 N. Lincoln Drive
Troy, MO 63379
Phone: 636-399-0165**

Please **print** all information requested except signatures.

Desired Date of Occupancy: _____ Today's Date: _____

Desired Address: _____

Applicant's Name: _____ Date of Birth: _____

First Middle Name Last

Other Names Used (Alias or Maiden Name) _____

| Other Residents | Other Name(s) Used | Relationship | Age | SSN if 18 or over |
|-------------------|--------------------|--------------|-----|-------------------|
| First Middle Last | or Maiden Name | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Does anyone smoke? _____ Do you have pets? _____ If yes, how many? _____

Other Remarks: _____

Residence History

Present Address: _____ How long at this address: _____
(Street) (City) (State)

Landlord: _____ Landlord's Phone Number: _____

Amount of rent: _____ Reason for moving: _____

Previous Address: _____ How long at this address: _____
(Street) (City) (State)

Landlord: _____ Landlord's Phone Number: _____

Amount of rent: _____ Reason for moving: _____

City and State(s) you lived in for the past 10 years: _____

Employment Information

Employed by: _____ How long: _____

Employer's Address: _____ Telephone: _____

Position Held: _____ Salary: _____

Supervisor: _____

Co-Resident's Employer: _____ How long: _____

Employer's Address: _____ Telephone: _____

Position Held: _____ Salary: _____

Supervisor: _____

Previous Employment Information

Previously Employed By: _____ How Long: _____
Previous Employer's Address: _____ Telephone: _____
Position Held: _____ Salary: _____
Supervisor: _____

Co-Resident Previously Employed By: _____ How Long: _____
Previous Employer's Address: _____ Telephone: _____
Position Held: _____ Salary: _____
Supervisor: _____

Banking and Credit Reference

Bank: _____ Branch: _____
Checking Account #: _____ Savings Account #: _____
Credit Reference: _____ Account #: _____
Address: _____
Approx. Checking Account Balance: \$ _____ Approx. Savings Account Balance: \$ _____

Additional Information

Number of Autos (Including company cars): _____
Driver's License: _____
Make: _____ Year: _____ Color: _____ Tag #: _____ State: _____
Make: _____ Year: _____ Color: _____ Tag #: _____ State: _____
Make: _____ Year: _____ Color: _____ Tag #: _____ State: _____
Bring home/Net Income (Household): \$ _____
Other Remarks: _____
In Case of Person Emergency Notify: _____ Relationship: _____
Address: _____ Phone Number: _____

Credit Report

What will it show? _____

Evictions: Are you or any co-residents being evicted or have been evicted from a previous residence?
Yes () No () If yes, please explain: _____

I/We certify the above and foregoing information is true. I/We acknowledge and agree that any material false statement made on the application will be grounds for termination of any subsequent lease. **I HEREBY MAKE APPLICATION FOR A HOME AND CERTIFY THAT THIS INFORMATION IS CORRECT. I AUTHORIZE YOU TO CONTACT ANY REFERENCES I HAVE LISTED TO VERIFY EMPLOYMENT HISTORY, DATES, TITLE, INCOME, HOURS, ETC.**

Applicant's Signature: _____ Date: _____

Co-Signed: _____ Date: _____

Co-Signed: _____ Date: _____

INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize you to release to Signature Investment Group II, LLC. or its assigns, the following information for the purpose of verification:

- ▲ Employment history, date, title, income, hours, etc.
- ▲ Banking and Savings Account of Record
- ▲ Mortgage Loan Rating(s)
- ▲ Any other information deemed necessary in connection with a consumer credit report.

Please **print** all information except signatures.

Applicant's First Middle Last Name

Co-Applicant's First Middle Last Name

Applicant's Signature

Co-Applicant's Signature

Applicant's Phone

Co-Applicant's Phone

Address

Address

City, State, Zip

City, State, Zip

Social Security Number

Social Security Number

Date of Birth

Date of Birth

PET REGISTRATION FORM

All animals **MUST** be registered with management.

Name: _____

Address: _____

Telephone: _____

Pet #1

Pet #2

Type of Animal: _____

Type of Animal: _____

Breed: _____

Breed: _____

Name of Animal: _____

Name of Animal: _____

Weight of Animal: _____

Weight of Animal: _____

Color: _____

Color: _____

Rabies Tag ID#: _____

Rabies Tag ID#: _____

City Tag ID#: _____

City Tag ID#: _____

Signature: _____

Date: _____

Signature: _____

Date: _____