



<b>Apartment Tenant Screening of America, Inc.</b>		
Ph: 636-946-9200 Fax: 636-946-5400 Web: <a href="http://www.atsofamerica.org">www.atsofamerica.org</a>		
Landlord Name:	Member #:	Phone:
Rental Amt: \$	Address:	

## ATS Rental Application

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

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

**Current address:**

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

**Previous Address:**

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

**Employment Information: (Please fax 2 recent pay stubs)**

Current employer:					
Address:		Start Date:		Time on job:	
City:		State:		Zip code:	
Position:		Hrly rate: \$		Annual rate \$:	
Supervisor name:		Ph:		FT or PT?	

**Previous Employment or Second Job (Specify)**

Employed by:					
Address:		Phone:		How long?	
City:		State:		Zip code:	
Position:		Hrly rate: \$		Annual rate: \$	
Supervisor Name:		Ph:		FT or PT	

<b>Spouse:</b>				<b><u>(NEED SEPARATE APPLICATION IF NOT MARRIED)</u></b>			
Name:			Marital Status: (Please check one)				
<u>Last</u> <u>First</u> <u>M.</u>			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				
			How long?				
DOB:			SS #:				
Phone:			Cell:				
DL #:			Maiden:				
<b><u>Spouse Employment Information: (Please fax 2 recent pay stubs)</u></b>							
Current employer:							
Address:				Phone:		How long?	
City:			State:		Zip code:		
Position:			Hrly rate: \$		Annual rate \$:		
Supervisor name:			Ph:			FT or PT?	
<b><u>2 References:</u></b>							
Name:		Address:			Phone:		
•							
•							
<b><u>Reason for Leaving:</u></b>							
•							
<b><u>List Children &amp; Birthdates:</u></b>							
•				•			
•				•			
<b><u>APPLICATION FEE IS NON-REFUNDABLE</u></b>							
<p>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 signed 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 into <a href="http://www.freecreditreports.com">www.freecreditreports.com</a> and follow the prompts.</p>							
Signature(s):							
Print Name:							
Sign:				Date:			
Spouse Print Name:							
Sign:				Date:			

X

Landlord, Resident Manager or Authorized Agent