

Viewing of property requires a completed application and a \$40.00 cash key deposit that is refunded on return



# SIERON & ASSOCIATES, INC. REAL ESTATE

1325 STATE STREET - EAST ST. LOUIS, IL 62201  
(618) 875-4444



DATE \_\_\_\_\_

APPLICANT \_\_\_\_\_ D.O.B. \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ SS# \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_ EMAIL \_\_\_\_\_

### CO-APPLICANT OR SPOUSE INFORMATION

COAPPLICANT/SPOUSE \_\_\_\_\_ D.O.B. \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ SS# \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_ EMAIL \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG? \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_ DATE & AMT. LAST PD. \_\_\_\_\_

LENDER OR LANDLORD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

### APPLICANT'S EMPLOYMENT

**PROOF OF INCOME NEEDED []**

SSI  YES  NO AMOUNT \$ \_\_\_\_\_ OTHER INCOME \_\_\_\_\_ AMT. \_\_\_\_\_

COMPANY & ADDRESS \_\_\_\_\_

IMMEDIATE SUPERVISOR & PHONE NO. \_\_\_\_\_

HOW LONG? \_\_\_\_\_ JOB TITLE \_\_\_\_\_ HOURS PER WEEK WORKED \_\_\_\_\_

SALARY \_\_\_\_\_  HOURLY  WEEKLY  MONTHLY  YEARLY

PREVIOUS EMPLOYER

HOW LONG & SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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SALARY \_\_\_\_\_  HOURLY  WEEKLY  MONTHLY  YEARLY

PREVIOUS EMPLOYER

HOW LONG & SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**HAVE YOU, YOUR FAMILY, OR FRIENDS HAD PREVIOUS BUSINESS DEALINGS WITH SIERON & ASSOCIATES, INC?**

YES OR  NO

WHEN & HOW? \_\_\_\_\_

NAMES \_\_\_\_\_

ADDRESSES \_\_\_\_\_

PHONE NO.'S \_\_\_\_\_

**HAVE YOU EVER BROKEN A LEASE OR BEEN EVICTED FROM ANY TYPE OF HOUSING?**  YES OR  NO

IF YES, PLEASE EXPLAIN. \_\_\_\_\_

**PLEASE LIST NAME, AGE, AND RELATIONSHIP OF ALL PEOPLE WHO WILL BE OCCUPYING PROPERTY:**

NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**REFERENCES**

**MUST HAVE ALL 7 REFERENCES**

NAME & RELATIONSHIP	ADDRESS/CITY	PHONE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THIS STATEMENT IS MADE BY THE UNDERSIGNED FOR THE PURPOSE OF BEING A TENANT OR PURCHASER. THE UNDERSIGNED HEREBY REPRESENTS THAT, TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, THE STATEMENTS, INFORMATION AND DESCRIPTIONS CONTAINED HEREIN ARE IN ALL RESPECTS TRUE, CORRECT AND COMPLETE. SIERON & ASSOCIATES, INC. AND/OR THEIR AGENTS MAY VERIFY THE STATEMENTS CONTAINED HEREIN BY COMMUNICATION WITH ANY OF THE PERSONS OR INSTITUTIONS NAMED IN THIS STATEMENT AND MAY EVEN CHECK CREDIT. ALL DEPOSITS ARE SUBJECT TO THE OWNER'S ACCEPTANCE. **\$50.00 NON-REFUNDABLE APPLICATION FEE REQUIRED.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**ALL KEYS MUST BE RETURNED TO OUR OFFICE BEFORE WE CLOSE ON THE DAY YOU GET THE KEY OR YOUR KEY DEPOSIT WILL BE FORFEITED.**

**OFFICE USE ONLY:**

Property applied for: \_\_\_\_\_

Escrow Card #: \_\_\_\_\_

App Fee Paid: yes / no