

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 _____

CO-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 _____

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	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