

SPARTAN MANAGEMENT LLC

Heege Place Apartments - Maryland Manor Apartments - Woodridge Manor Apartments

7028 Heege Road ▪ Suite 100 ▪ St. Louis ▪ MO ▪ 63123 / PO Box 270271 ▪ St. Louis ▪ MO ▪ 63127
Ph(314) 729-0479 ▪ Fx(314) 842-2772 ▪ heegeplaceapartments@gmail.com

LEASE APPLICATION

Date: _____ Property: _____ Apt #: _____

Unit Type: 1 Bed 2 Bed Floor: 1st Floor 2nd Floor Move-In Date: ___/___/___

PERSONAL

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ Driver's License/State ID Number: _____ State: _____

SSN#: _____ Phone Number: (_____) _____

Email: _____

- Have you ever been convicted of a violent, drug, or sex related crime: Yes No – If yes, please explain below.
- Have you ever been evicted or sued by a landlord for not paying rent: Yes No – If yes, please explain below.
- Have you ever broken a lease or refused to pay rent: Yes No – If yes, please explain below.
- Will you be smoking in the apartment: Yes No – If yes, add \$10 to the monthly rent.

Yes – I am self-supporting and my income is at least 3 times the rent. Proof of income is required.

No – I am not self-supporting and have completed the attached Lease Guarantee Form.

Additional Occupants - All applicants 18 and over must fill out an application. (Please list below each individual as well as relationship and age, including children):

RESIDENCE HISTORY

Current address: _____ City: _____ State: _____ Zip: _____

How long: _____ Do you currently: Rent Own? What is your current monthly rent/mortgage payment: \$ _____

Are your payments current: Yes No How many late payments have you had: _____ Amount of current security deposit: \$ _____

Reason for moving: _____

Name of Current Landlord/Mortgage Lender: _____ Phone: _____

Previous address: _____ City: _____ State: _____ Zip: _____

How long: _____ Reason for moving: _____

Was your full security deposit returned: Yes No How many late payments did you have: _____ Monthly payment: \$ _____

Name of Previous Landlord/Mortgage Lender: _____ Phone: _____

FOR OFFICE USE ONLY

Date: ___/___/___ Approved Declined: _____

Deposit: \$ _____ Rent: \$ _____ Specials: _____

Community/Apt #: _____ Move Date: ___/___/___

MONTHLY INCOME

Your monthly income must be equal to or greater than 3 times rent. My gross monthly income before taxes is: \$ _____

My source(s) of income is/are identified below(check all that apply):

Grants \$ _____ Scholarships \$ _____ Loans \$ _____ Other(explain below)\$ _____

Employment \$ _____ Unemployment(this alone will not qualify) \$ _____

My current status is: Full-time Part-time Student Retired Self-employed Unemployed

Name Of Primary Employer: _____ Phone: _____

Position: _____ Length of employment: _____

Monthly salary: _____ Supervisor's name/number: _____

Name Of Secondary Employer: _____ Phone: _____

Position: _____ Length of employment: _____

Monthly salary: _____ Supervisor's name/number: _____

Additional Income (this section is optional):

If there are additional sources of income such as child support, alimony, food stamps, etc. you wish to have considered, please list below.

Additional source: _____ Monthly Income: \$ _____

Contact person: _____ Phone: _____

Is it anticipated that this source will continue throughout your residency with us: Yes No

VEHICLE/CREDITORS/LOANS

Vehicle Make/Model/Color/Year: _____

Vehicle tag: _____ State: _____ Is your vehicle: Owned Leased Financed

Financed/Leased through: _____ Monthly Payment:\$ _____

Please list all other significant monthly payment obligations and amounts that may not show up on your credit report: _____

PERSONAL REFERENCE

Name: _____ Phone: _____

Relationship: _____ How Long: _____

HOW DID YOU HEAR ABOUT US

Drive-by Signage Billboard Our Website

Newspaper Ad – Call Big River Current Other _____

Internet Posting – Craigslist For Rent.com Apartments.com Rent.com Other _____

Referral by Existing Resident – Name(must be listed here for referral fee): _____

Other – Please specify: _____

EMERGENCY CONTACT

In the event you would be unable to make a rent payment due to an emergency/vacation/unforeseen event, please identify a relative, friend, or agency that would be willing to assist you?

Name: _____

Address: _____

Relationship: _____ Phone: _____ Alt. Phone: _____

PETS

Do you have a pet: Yes No – If yes, please see the additional rent and deposit requirements below.

- Dogs must be no more than 20 lbs at full maturity–Pit Bulls/Rottweilers/Pincers/Shepards/Boxers/Staffordshire Terriers, etc. are prohibited, as are any mixed breeds of the aforementioned. Shot records must be provided prior to lease signing.
- Cats must be spayed/neutered. Shot records must be provided prior to lease signing.
- There is a \$100 non-refundable pet fee due for the first pet and \$50 due for the 2nd pet. Add \$10/mn per pet.
- Up to two cats will be allowed. Up to two dogs totaling 20lbs will be accepted. Two 20lb dogs will not be accepted.
 - Dog: #1 Type: _____ Weight: _____ Color: _____ Add: \$10/mn
 - Dog: #2 Type: _____ Weight: _____ Color: _____ Add: \$10/mn
 - Cat: #1 Type: _____ Weight: _____ Color: _____ Add: \$10/mn
 - Cat: #2 Type: _____ Weight: _____ Color: _____ Add: \$10/mn

MONTHLY RENT RECAP (To Be Filled Out By Applicant)

- \$_____ - Base Rent
- \$_____ - Indoor Smoking Charge
- \$_____ - Pet Charge (List Total One-Time Pet Fee Here \$_____)
- \$_____ - Utility Charges
- \$(_____) - Renter's Insurance Credit. If you protect your property with Renter's Insurance, take \$5 off the monthly rent.
- \$_____ - Total Rent Due on the 1st of Each Month

Identify Move-In Specials or Promotions Offered To You: _____

THANK YOU

Thank you for completing our application and considering us for your new home. Please note that a completed application requires the following:

- Copy of driver's license or government ID
- Application fee- \$25 for the first adult/\$10 for each additional adult – Amount Enclosed: \$_____
- Signature below

The non-refundable application fee is required and will be used to verify some or all information contained herein. By signing below, applicant authorizes Spartan Management LLC to verify, now and in the future, the information provided above using all legal means and represents all above information is true and accurate. If it is determined that information provided above was intentionally falsified, resident will forfeit entire security deposit. Your personal information is never used outside of our office, sold, traded, or otherwise given out except for collection purposes.

SIGNATURE: _____ **DATE:** _____

(The Application Must Be Signed To Be Processed)

SPARTAN MANAGEMENT LLC

Heege Place Apartments - Maryland Manor Apartments - Woodridge Manor Apartments

7028 Heege Road ▪ Suite 100 ▪ St. Louis ▪ MO ▪ 63123 / PO Box 270271 ▪ St. Louis ▪ MO ▪ 63127
Ph(314) 729-0479 ▪ Fx(314) 842-2772 ▪ heegeplaceapartments@gmail.com

LEASE GUARANTY

APPLICANT RELEASE: I hereby authorize management to forward the Lease Guaranty to my lease guarantor/co-signer and to communicate with them on my behalf concerning my lease obligations.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

Lease Contract Information

Property: _____

Address: _____ C/S/Z: _____

Lease Beginning: _____ Lease End: _____

Monthly Rent For Apartment To Be Guaranteed: \$ _____

By signing this Lease Guarantee, the undersigned hereby guarantees all obligations of resident under the above Lease Contract. Also by signing this Lease Guaranty, the undersigned acknowledges they have read the Lease Contract. This Lease Guaranty shall continue and will not be affected by amendments, modifications, roommate changes, unit changes, or renewals of the Lease Contract which may be agreed to from time to time between resident and management. Delay or failure by management to exercise rights, pursue remedies, give notices, or make demands of you, as Guarantor, shall not be considered a waiver of our rights. All of our remedies under the Lease Contract against the resident apply to Guarantor as well. All residents and Guarantors are jointly and severally liable for the terms of the lease. This Guaranty is part of the Lease Contract and shall be performed in the county in which the dwelling unit is located.

Guarantor Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Social Security #: _____

Email: _____

Present Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Monthly Salary: _____

GUARANTOR'S SIGNATURE: _____ DATE: _____

(A copy of a driver's license or state issues ID must be included)