

Tenant Application

Grace Lofts L.L.C.
1324 Washington Avenue • St. Louis, MO 63103
Phone (314) 588-1170 • Fax 314-231-2006 • www.gracelofts.com

Loft Information

Unit address: _____ Monthly Rent: _____ Leasing Agent: _____
Number of persons who will reside on property: _____ Move-in Date: ___/___/___

Personal Information

Legal Name: _____
SS#: _____ - _____ - _____ DOB: ___/___/___ DL#: _____ State _____
Main Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

Co-applicant's/Spouse's Name (If applicable): _____
SS#: _____ - _____ - _____ DOB: ___/___/___ DL#: _____ State _____

Employment History & Information

Current Employer: _____
Supervisor: _____ Phone #: (_____) _____ - _____
Address: _____
City _____ State _____ Zip _____
Start Date: ___/___/___ Position: _____ Monthly Salary: \$ _____

Previous Employer: _____
Supervisor: _____ Phone #: (_____) _____ - _____
Address: _____
City _____ State _____ Zip _____
Start Date: ___/___/___ Position: _____ Monthly Salary: \$ _____

Co-applicant's/Spouse's Current Employer: _____
Supervisor: _____ Phone #: (_____) _____ - _____
Address: _____
City _____ State _____ Zip _____
Start Date: ___/___/___ Position: _____ Monthly Salary: \$ _____

Banking Information

Bank Name: _____ Phone #: (_____) _____ - _____
Address: _____
City _____ State _____ Zip _____
Checking Acct #: _____ Savings Acct #: _____

Tenant Application

Address History & Information

Current Address: _____
City _____ State _____ Zip _____ Date occupied: ___/___/___
Current Rent/Payment: _____
Landlord or Mortgage Holder Name: _____
Address: _____ City _____ State _____ Zip _____
Reason for moving: _____

Previous Address (One) : _____
City _____ State _____ Zip _____ Date occupied: ___/___/___
Rent/Payment: _____
Landlord or Mortgage Holder Name: _____
Address: _____ City _____ State _____ Zip _____
Reason for moving: _____

Previous Address (Two) : _____
City _____ State _____ Zip _____ Date occupied: ___/___/___
Rent/Payment: _____
Landlord or Mortgage Holder Name: _____
Address: _____ City _____ State _____ Zip _____
Reason for moving: _____

Personal Reference Information (Non-family)

Name: _____ Phone #: _____ Relationship: _____
Name: _____ Phone #: _____ Relationship: _____

Emergency Contact Information

Name: _____ Phone #: _____ Relationship: _____
Name: _____ Phone #: _____ Relationship: _____

Vehicle Information

Make/Model: _____ Color: _____ Plate #: _____
Make/Model: _____ Color: _____ Plate #: _____
Make/Model: _____ Color: _____ Plate #: _____

I hereby consent to allow Spring Street Lofts, through its designated agent and its employees, to obtain and verify my credit and background information for the purpose of determining whether or not to lease to me an apartment. I understand that should I lease an apartment, Spring Street Lofts Apartments, and its agent shall have a continuing right to review my credit and background information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

Applicant Date Spouse Date

Co-applicant Date Resident Manager Date