

RANDY Z. WRIGHT, BROKER/OWNER 2215 MISSOURI BLVD STE Z - PO BOX 2284 JEFFERSON CITY MO 65102

573-462-6262 - doverproperties@mchsi.com

	y makes an application	i to rent unit #	locate	at: 	·
Anticipated move date \$	of	at a monthly r	ent of \$	and security	deposit of
PLEASE TELL US AB	OUT YOURSELF				
			Phone ()	
Full Name Date of Birth		Social S	Security #	,	
Date of Birth Email Address:		· · · · · · · · · · · · · · · · · · ·	(optional) Oth	er Phone ()	
Co-Applicant Name			Names of D	Dependents	
Co-Applicant Name Co-Applicant Date of B	rth	Social S	ecurity #	· · · · · · · · · · · · · · · · · · ·	
Dependents Date of Bir	th				
Dependents Date of Bir List All Pets			Number of Smoker	s in household	
PLEASE GIVE RESIDE	ENTIAL HISTORY (LA	ST 3 YEARS)			
Current Address	•	Apt#	City	State	Zip
Current Address Month/Year Moved In		Reasons for L	 _eaving		· · · · · · · · · · · · · · · · · · ·
Rent \$					
Owner/Agent			Phone	()	
Previous Address (last	3 years)			Ren	ıt \$
Owner/Agent			Phone	()	
PLEASE DESCRIBE Y	OUR CREDIT HISTOR	RY			
Have you declared ban			Yes	No	
Have you ever been ev			Yes	No	
Have you had two or m			? Yes	No	
Have you ever willfully					
PLEASE PROVIDE YO	UR EMPLOYMENT IN	IFORMATION			
Your Status:Ful			Unemployed		
Employer		Employ	red as		
Dates employed		шірібу	Phone	<i>(</i>)	
Supervisor NameSalary \$	ner	(If emplo	i none	han 12 months, give	name & nhone o
previous employer or	PCI	(II cilipid	yed by above less t	man 12 months, give	name a phone o
school:					1
If you have other source	es of income that you w	vould like us to co	neider please list in	ncome source and r) person (banker
employer, etc.) who we					
income unless you wan	•		or have to reveal all	nony, crina support,	or spouses armue
Amount \$	Source/Con	tact Name			
PLEASE LIST YOUR F	REFERENCES				
Banking Accounts:	L. LILLITOLO				
Name	Type of Account		Account Number	(ontional)	
Name	Type of Account		Account Number	(optional)	
				(optional)	· · · · · · · · · · · · · · · · · · ·
Personal Reference o					
Name	Address _	hin			_
Phone	Relations	hip			

Driver's License: Your Driver's License Numb	er	State
Vehicle Information: Make / Model	Year	License Plate State
ADDITIONAL INFORMATION	ON:	
Please give any additional ir	nformation that migh	nt help owner/management evaluate this application?
Where may we reach you to	discuss this applica	ation?
Day Phone # ()		Night Phone # ()
that the rental is to be payab true; however, should any st	ole the first day of eat tatement made abov	emises for the term and upon the set conditions above set forth and agree ach month in advance. I warrant that all statements above set forth are we be a misrepresentation or not a true statement of facts, all of the t, time, and effort in processing my application.
\$ as earnest n days. Upon acceptance, this agree to execute a lease for deposit prior to the move in refunded, the applicant(s) he may reject. If applicant(s) far any deposit made with this a investigative consumer repo	noney ("deposit") to a deposit shall be reduced by a deposit shall be reduced by a deposit shall be reduced by a deposit shall be replicated by a deposit shall be replicated. I recognize the reduced by a deposit shall be reparred by a deposit shall be reduced by a dep	n fee of \$30.00 for each adult applicant; in addition, I hereby deposit be refunded to me if this application is not accepted in 5 business banking tained as part of the security deposit. When so approved and accepted, I this before possession is given and to pay the balance of the security on is not approved or accepted by the owner or agent, the deposit will be laim for damages by reason off non-acceptance which the owner or agent as agreed after being accepted by owner or agent, applicant(s) forfeit nize that as a part of your procedure for processing my application, and whereby information is obtained through personal interviews with others cludes information as to my character, general reputation, personal
The above information, to th	e best of my knowle	edge, is true and correct.
Please sign: XName	of Applicant	Date
		AUTHORIZATION Release of Information
		agents to perform an investigation of my credit, tenant history, banking and tment with this owner/manager.
Name (please print)		
XSignature		Date
APPLICANT: PLEASE DO	NOT WRITE BELO	DW (FOR OFFICE USE ONLY)
OFFICE NOTES:		



RANDY Z. WRIGHT, BROKER/OWNER 2215 MISSOURI BLVD STE Z - PO BOX 2284 JEFFERSON CITY MO 65102

573-462-6262 - doverproperties@mchsi.com

	y makes an application	i to rent unit #	locate	at: 	·
Anticipated move date \$	of	at a monthly r	ent of \$	and security	deposit of
PLEASE TELL US AB	OUT YOURSELF				
			Phone ()	
Full Name Date of Birth		Social S	Security #	,	
Date of Birth Email Address:		· · · · · · · · · · · · · · · · · · ·	(optional) Oth	er Phone ()	
Co-Applicant Name			Names of D	Dependents	
Co-Applicant Name Co-Applicant Date of B	rth	Social S	ecurity #	· · · · · · · · · · · · · · · · · · ·	
Dependents Date of Bir	th				
Dependents Date of Bir List All Pets			Number of Smoker	s in household	
PLEASE GIVE RESIDE	ENTIAL HISTORY (LA	ST 3 YEARS)			
Current Address	•	Apt#	City	State	Zip
Current Address Month/Year Moved In		Reasons for L	 _eaving		· · · · · · · · · · · · · · · · · · ·
Rent \$					
Owner/Agent			Phone	()	
Previous Address (last	3 years)			Ren	ıt \$
Owner/Agent			Phone	()	
PLEASE DESCRIBE Y	OUR CREDIT HISTOR	RY			
Have you declared ban			Yes	No	
Have you ever been ev			Yes	No	
Have you had two or m			? Yes	No	
Have you ever willfully					
PLEASE PROVIDE YO	UR EMPLOYMENT IN	IFORMATION			
Your Status:Ful			Unemployed		
Employer		Employ	red as		
Dates employed		шірібу	Phone	<i>(</i>	
Supervisor NameSalary \$	ner	(If emplo	i none	han 12 months, give	name & nhone o
previous employer or	PCI	(II cilipid	yed by above less t	man 12 months, give	name a phone o
school:					1
If you have other source	es of income that you w	vould like us to co	neider please list in	ncome source and r) person (banker
employer, etc.) who we					
income unless you wan	•		or have to reveal all	nony, crina support,	or spouses armue
Amount \$	Source/Con	tact Name			
PLEASE LIST YOUR F	REFERENCES				
Banking Accounts:	L. LILLITOLO				
Name	Type of Account		Account Number	(ontional)	
Name	Type of Account		Account Number	(optional)	
				(optional)	· · · · · · · · · · · · · · · · · · ·
Personal Reference o					
Name	Address _	hin			_
Phone	Relations	hip			

Driver's License: Your Driver's License Numb	er	State
Vehicle Information: Make / Model	Year	License Plate State
ADDITIONAL INFORMATION	ON:	
Please give any additional ir	nformation that migh	nt help owner/management evaluate this application?
Where may we reach you to	discuss this applica	ation?
Day Phone # ()		Night Phone # ()
that the rental is to be payab true; however, should any st	ole the first day of eatatement made above	emises for the term and upon the set conditions above set forth and agree ach month in advance. I warrant that all statements above set forth are we be a misrepresentation or not a true statement of facts, all of the t, time, and effort in processing my application.
\$ as earnest n days. Upon acceptance, this agree to execute a lease for deposit prior to the move in refunded, the applicant(s) he may reject. If applicant(s) far any deposit made with this a investigative consumer repo	noney ("deposit") to a deposit shall be reduced by a deposit shall be reduced by a deposit shall be reduced by a deposit shall be replicated by a deposit shall be replicated. I recognize the reduced by a deposit shall be reparred by a deposit shall be reduced by a dep	n fee of \$30.00 for each adult applicant; in addition, I hereby deposit be refunded to me if this application is not accepted in 5 business banking tained as part of the security deposit. When so approved and accepted, I this before possession is given and to pay the balance of the security on is not approved or accepted by the owner or agent, the deposit will be laim for damages by reason off non-acceptance which the owner or agent as agreed after being accepted by owner or agent, applicant(s) forfeit nize that as a part of your procedure for processing my application, and whereby information is obtained through personal interviews with others cludes information as to my character, general reputation, personal
The above information, to th	e best of my knowle	edge, is true and correct.
Please sign: XName	of Applicant	Date
		AUTHORIZATION Release of Information
		agents to perform an investigation of my credit, tenant history, banking and tment with this owner/manager.
Name (please print)		
XSignature		Date
APPLICANT: PLEASE DO	NOT WRITE BELO	DW (FOR OFFICE USE ONLY)
OFFICE NOTES:		



RANDY Z. WRIGHT, BROKER/OWNER 2215 MISSOURI BLVD STE Z - PO BOX 2284 JEFFERSON CITY MO 65102

573-462-6262 - doverproperties@mchsi.com

	y makes an application	i to rent unit #	locate	at: 	·
Anticipated move date \$	of	at a monthly r	ent of \$	and security	deposit of
PLEASE TELL US AB	OUT YOURSELF				
			Phone ()	
Full Name Date of Birth		Social S	Security #	,	
Date of Birth Email Address:		· · · · · · · · · · · · · · · · · · ·	(optional) Oth	er Phone ()	
Co-Applicant Name			Names of D	Dependents	
Co-Applicant Name Co-Applicant Date of B	rth	Social S	ecurity #	· · · · · · · · · · · · · · · · · · ·	
Dependents Date of Bir	th				
Dependents Date of Bir List All Pets			Number of Smoker	s in household	
PLEASE GIVE RESIDE	ENTIAL HISTORY (LA	ST 3 YEARS)			
Current Address	•	Apt#	City	State	Zip
Current Address Month/Year Moved In		Reasons for L	eaving		· · · · · · · · · · · · · · · · · · ·
Rent \$					
Owner/Agent			Phone	()	
Previous Address (last	3 years)			Ren	ıt \$
Owner/Agent			Phone	()	
PLEASE DESCRIBE Y	OUR CREDIT HISTOR	RY			
Have you declared ban			Yes	No	
Have you ever been ev			Yes	No	
Have you had two or m			? Yes	No	
Have you ever willfully					
PLEASE PROVIDE YO	UR EMPLOYMENT IN	IFORMATION			
Your Status:Ful			Unemployed		
Employer		Employ	red as		
Dates employed		шірібу	Phone	<i>(</i>)	
Supervisor NameSalary \$	ner	(If emplo	i none	han 12 months, give	name & nhone o
previous employer or	PCI	(II cilipid	yed by above less t	man 12 months, give	name a phone o
school:					1
If you have other source	es of income that you w	vould like us to co	neider please list in	ncome source and r) person (banker
employer, etc.) who we					
income unless you wan	•		or have to reveal all	nony, crina support,	or spouses armue
Amount \$	Source/Con	tact Name			
PLEASE LIST YOUR F	REFERENCES				
Banking Accounts:	L. LILLITOLO				
Name	Type of Account		Account Number	(ontional)	
Name	Type of Account		Account Number	(optional)	
				(optional)	· · · · · · · · · · · · · · · · · · ·
Personal Reference o					
Name	Address _	hin			_
Phone	Relations	hip			

Driver's License: Your Driver's License Numb	er	State
Vehicle Information: Make / Model	Year	License Plate State
ADDITIONAL INFORMATION	ON:	
Please give any additional ir	nformation that migh	nt help owner/management evaluate this application?
Where may we reach you to	discuss this applica	ation?
Day Phone # ()		Night Phone # ()
that the rental is to be payab true; however, should any st	ole the first day of eatatement made above	emises for the term and upon the set conditions above set forth and agree ach month in advance. I warrant that all statements above set forth are we be a misrepresentation or not a true statement of facts, all of the t, time, and effort in processing my application.
\$ as earnest n days. Upon acceptance, this agree to execute a lease for deposit prior to the move in refunded, the applicant(s) he may reject. If applicant(s) far any deposit made with this a investigative consumer repo	noney ("deposit") to a deposit shall be reduced by a deposit shall be reduced by a deposit shall be reduced by a deposit shall be replicated by a deposit shall be replicated. I recognize the reduced by a deposit shall be reparred by a deposit shall be reduced by a dep	n fee of \$30.00 for each adult applicant; in addition, I hereby deposit be refunded to me if this application is not accepted in 5 business banking tained as part of the security deposit. When so approved and accepted, I this before possession is given and to pay the balance of the security on is not approved or accepted by the owner or agent, the deposit will be laim for damages by reason off non-acceptance which the owner or agent as agreed after being accepted by owner or agent, applicant(s) forfeit nize that as a part of your procedure for processing my application, and whereby information is obtained through personal interviews with others cludes information as to my character, general reputation, personal
The above information, to th	e best of my knowle	edge, is true and correct.
Please sign: XName	of Applicant	Date
		AUTHORIZATION Release of Information
		agents to perform an investigation of my credit, tenant history, banking and tment with this owner/manager.
Name (please print)		
XSignature		Date
APPLICANT: PLEASE DO	NOT WRITE BELO	DW (FOR OFFICE USE ONLY)
OFFICE NOTES:		



RANDY Z. WRIGHT, BROKER/OWNER 2215 MISSOURI BLVD STE Z - PO BOX 2284 JEFFERSON CITY MO 65102

573-462-6262 - doverproperties@mchsi.com

	y makes an application	i to rent unit #	locate	at: 	·
Anticipated move date \$	of	at a monthly r	ent of \$	and security	deposit of
PLEASE TELL US AB	OUT YOURSELF				
			Phone ()	
Full Name Date of Birth		Social S	Security #	,	
Date of Birth Email Address:		· · · · · · · · · · · · · · · · · · ·	(optional) Oth	er Phone ()	
Co-Applicant Name			Names of D	Dependents	
Co-Applicant Name Co-Applicant Date of B	rth	Social S	ecurity #	· · · · · · · · · · · · · · · · · · ·	
Dependents Date of Bir	th				
Dependents Date of Bir List All Pets			Number of Smoker	s in household	
PLEASE GIVE RESIDE	ENTIAL HISTORY (LA	ST 3 YEARS)			
Current Address	•	Apt#	City	State	Zip
Current Address Month/Year Moved In		Reasons for L	eaving		· · · · · · · · · · · · · · · · · · ·
Rent \$					
Owner/Agent			Phone	()	
Previous Address (last	3 years)			Ren	ıt \$
Owner/Agent			Phone	()	
PLEASE DESCRIBE Y	OUR CREDIT HISTOR	RY			
Have you declared ban			Yes	No	
Have you ever been ev			Yes	No	
Have you had two or m			? Yes	No	
Have you ever willfully					
PLEASE PROVIDE YO	UR EMPLOYMENT IN	IFORMATION			
Your Status:Ful			Unemployed		
Employer		Employ	red as		
Dates employed		шірібу	Phone	<i>(</i>)	
Supervisor NameSalary \$	ner	(If emplo	i none	han 12 months, give	name & nhone o
previous employer or	PCI	(II cilipid	yed by above less t	man 12 months, give	name a phone o
school:					1
If you have other source	es of income that you w	vould like us to co	neider please list in	ncome source and r) person (banker
employer, etc.) who we					
income unless you wan	•		or have to reveal all	nony, crina support,	or spouses armue
Amount \$	Source/Con	tact Name			
PLEASE LIST YOUR F	REFERENCES				
Banking Accounts:	L. LILLITOLO				
Name	Type of Account		Account Number	(ontional)	
Name	Type of Account		Account Number	(optional)	
				(optional)	· · · · · · · · · · · · · · · · · · ·
Personal Reference o					
Name	Address _	hin			_
Phone	Relations	hip			

Driver's License: Your Driver's License Numb	er	State
Vehicle Information: Make / Model	Year	License Plate State
ADDITIONAL INFORMATION	ON:	
Please give any additional ir	nformation that migh	nt help owner/management evaluate this application?
Where may we reach you to	discuss this applica	ation?
Day Phone # ()		Night Phone # ()
that the rental is to be payab true; however, should any st	ole the first day of eatatement made above	emises for the term and upon the set conditions above set forth and agree ach month in advance. I warrant that all statements above set forth are we be a misrepresentation or not a true statement of facts, all of the t, time, and effort in processing my application.
\$ as earnest n days. Upon acceptance, this agree to execute a lease for deposit prior to the move in refunded, the applicant(s) he may reject. If applicant(s) far any deposit made with this a investigative consumer repo	noney ("deposit") to a deposit shall be reduced by a deposit shall be reduced by a deposit shall be reduced by a deposit shall be replicated by a deposit shall be replicated. I recognize the reduced by a deposit shall be reparted by a deposit shall be reduced by a dep	n fee of \$30.00 for each adult applicant; in addition, I hereby deposit be refunded to me if this application is not accepted in 5 business banking tained as part of the security deposit. When so approved and accepted, I this before possession is given and to pay the balance of the security on is not approved or accepted by the owner or agent, the deposit will be laim for damages by reason off non-acceptance which the owner or agent as agreed after being accepted by owner or agent, applicant(s) forfeit nize that as a part of your procedure for processing my application, and whereby information is obtained through personal interviews with others cludes information as to my character, general reputation, personal
The above information, to th	e best of my knowle	edge, is true and correct.
Please sign: XName	of Applicant	Date
		AUTHORIZATION Release of Information
		agents to perform an investigation of my credit, tenant history, banking and tment with this owner/manager.
Name (please print)		
XSignature		Date
APPLICANT: PLEASE DO	NOT WRITE BELO	DW (FOR OFFICE USE ONLY)
OFFICE NOTES:		



RANDY Z. WRIGHT, BROKER/OWNER 2215 MISSOURI BLVD STE Z - PO BOX 2284 JEFFERSON CITY MO 65102

573-462-6262 - doverproperties@mchsi.com

	y makes an application	i to rent unit #	locate	at: 	·
Anticipated move date \$	of	at a monthly r	ent of \$	and security	deposit of
PLEASE TELL US AB	OUT YOURSELF				
			Phone ()	
Full Name Date of Birth		Social S	Security #	,	
Date of Birth Email Address:		· · · · · · · · · · · · · · · · · · ·	(optional) Oth	er Phone ()	
Co-Applicant Name			Names of D	Dependents	
Co-Applicant Name Co-Applicant Date of B	rth	Social S	ecurity #	· · · · · · · · · · · · · · · · · · ·	
Dependents Date of Bir	th				
Dependents Date of Bir List All Pets			Number of Smoker	s in household	
PLEASE GIVE RESIDE	ENTIAL HISTORY (LA	ST 3 YEARS)			
Current Address	•	Apt#	City	State	Zip
Current Address Month/Year Moved In		Reasons for L	eaving		· · · · · · · · · · · · · · · · · · ·
Rent \$					
Owner/Agent			Phone	()	
Previous Address (last	3 years)			Ren	ıt \$
Owner/Agent			Phone	()	
PLEASE DESCRIBE Y	OUR CREDIT HISTOR	RY			
Have you declared ban			Yes	No	
Have you ever been ev			Yes	No	
Have you had two or m			? Yes	No	
Have you ever willfully					
PLEASE PROVIDE YO	UR EMPLOYMENT IN	IFORMATION			
Your Status:Ful			Unemployed		
Employer		Employ	red as		
Dates employed		шірібу	Phone	<i>(</i>	
Supervisor NameSalary \$	ner	(If emplo	i none	han 12 months, give	name & nhone o
previous employer or	PCI	(II cilipid	yed by above less t	man 12 months, give	name a phone o
school:					1
If you have other source	es of income that you w	vould like us to co	neider please list in	ncome source and r) person (banker
employer, etc.) who we					
income unless you wan	•		or have to reveal all	nony, crina support,	or spouses armue
Amount \$	Source/Con	tact Name			
PLEASE LIST YOUR F	REFERENCES				
Banking Accounts:	L. LILLITOLO				
Name	Type of Account		Account Number	(ontional)	
Name	Type of Account		Account Number	(optional)	
				(optional)	· · · · · · · · · · · · · · · · · · ·
Personal Reference o					
Name	Address _	hin			_
Phone	Relations	hip			

Driver's License: Your Driver's License Numb	er	State
Vehicle Information: Make / Model	Year	License Plate State
ADDITIONAL INFORMATION	ON:	
Please give any additional ir	nformation that migh	nt help owner/management evaluate this application?
Where may we reach you to	discuss this applica	ation?
Day Phone # ()		Night Phone # ()
that the rental is to be payab true; however, should any st	ole the first day of eatatement made above	emises for the term and upon the set conditions above set forth and agree ach month in advance. I warrant that all statements above set forth are we be a misrepresentation or not a true statement of facts, all of the t, time, and effort in processing my application.
\$ as earnest n days. Upon acceptance, this agree to execute a lease for deposit prior to the move in refunded, the applicant(s) he may reject. If applicant(s) far any deposit made with this a investigative consumer repo	noney ("deposit") to a deposit shall be reduced by a deposit shall be reduced by a deposit shall be reduced by a deposit shall be replicated by a deposit shall be replicated. I recognize the reduced by a deposit shall be reparted by a deposit shall be reduced by a dep	n fee of \$30.00 for each adult applicant; in addition, I hereby deposit be refunded to me if this application is not accepted in 5 business banking tained as part of the security deposit. When so approved and accepted, I this before possession is given and to pay the balance of the security on is not approved or accepted by the owner or agent, the deposit will be laim for damages by reason off non-acceptance which the owner or agent as agreed after being accepted by owner or agent, applicant(s) forfeit nize that as a part of your procedure for processing my application, and whereby information is obtained through personal interviews with others cludes information as to my character, general reputation, personal
The above information, to th	e best of my knowle	edge, is true and correct.
Please sign: XName	of Applicant	Date
		AUTHORIZATION Release of Information
		agents to perform an investigation of my credit, tenant history, banking and tment with this owner/manager.
Name (please print)		
XSignature		Date
APPLICANT: PLEASE DO	NOT WRITE BELO	DW (FOR OFFICE USE ONLY)
OFFICE NOTES:		