

## APPLICANT CHECK LIST

Please submit for all Applicants:

Date Rec'd: \_\_\_\_\_

- \$30** Application Fee **for each** Adult 18 & over to live in home  
(cash or money order payable to **Continental Capital Corp**)
- Copy of** ID (Driver's License/State ID and SS card or Fed ID)
- Copy of** CURRENT pay stubs
- Proof of** other income (child support, social security, etc)
- Copy of** CURRENT utility bills (full page not just payment slip)
- Copy of** Expense Worksheet (attached – page 4)
- Copy of** Signed Authorization Sheet (attached – page 5)
- Current** Residence Inspection (we WILL inspect YOUR current residence)

**Any requested information not received with  
the application will delay the approval process  
and your application may be denied.**

### Admin Use Only:

- Case.net checked \_\_\_\_\_
- Credit Report run \_\_\_\_\_
- Employment Verified
- Rental Reference Rec'd

### Submit to:

**TED ABELE**  
**202 CHERRY HILL DR**  
**BELTON, MO 64012**  
**816-322-6030 Text: 816-892-0635 Fax: 816-892-4696**  
**Email: [concapco@gmail.com](mailto:concapco@gmail.com)**  
**Web: [www.concapco.com](http://www.concapco.com)**

# Ted Abele & Companies ~ Financing/Rental Application

Please submit with application for all Applicants:  
 \$30 App **Fee** per Applicant, Copy of **ID**, Copy of **CURRENT pay stubs** and copy of **CURRENT utility bills**.

**Home applying for:**

**Referred By:**

## Applicant Information (Please Type or Print All Information)

Full Legal Name		Cell Phone:
Date of birth:	SSN:	Other Phone:
Other Names Used (Include Maiden Name):		
Names & Ages of all Children:		
Drivers Lic #:	Lic. Plate#:	Email:

## Address Information for Current and last 2 residencies

<b>Current Landlord Name:</b>		Phone:
<b>Your</b> Current address:		Cell Phone:
City, State, Zip:		Email or Fax:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Number of occupants:	Relationships to self:	
List Any Pets (type & breed):		
<b>2. Previous Landlord Name:</b>		Phone:
<b>Previous</b> address:		Cell Phone:
City, State, Zip:		Email or Fax:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Number of occupants:	Relationships to self:	
<b>3. Previous Landlord Name:</b>		Phone:
<b>Previous</b> address:		Cell Phone:
City, State, Zip:		Email or Fax:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Number of occupants:	Relationships to self:	

## Employer Information (attach LAST FOUR (4) pay stubs with application)

<b>Current Employer:</b>		<b>Verification Dept/Verifier Name:</b>	
Employer Phone:		<b>Email or Fax (must have):</b>	
Address:		How long?	
City, State, Zip:		From:	To:
Position:	Hourly <b>OR</b> Salary / Full <b>OR</b> Part Time	Hourly/Salary income: \$	
<input type="checkbox"/> <b>Other Current</b> or <input type="checkbox"/> <b>Previous employer :</b>			
<b>Current Employer:</b>		<b>Verification Dept/Verifier Name:</b>	
Employer Phone:		<b>Email or Fax (must have):</b>	
Address:		How long?	
City, State, Zip:		From:	To:
Position:	Hourly <b>OR</b> Salary / Full <b>OR</b> Part Time	Hourly/Salary income: \$	

## Emergency Contacts (Next of Kin)

Name of Contact:	Relationship:	Phone:
Name of Contact:	Relationship:	Phone:
Name of Contact:	Relationship:	Phone:

# Ted Abele & Companies ~ Financing/Rental Application

Please submit with application for all Applicants:  
 \$30 App **Fee** per Applicant, Copy of **ID**, Copy of **CURRENT pay stubs** and copy of **CURRENT utility bills**.

Home applying for: \_\_\_\_\_ Referred By: \_\_\_\_\_

## Co-applicant Information (if applicable)

Full Legal Name		Cell Phone:
Date of birth:	SSN:	Other Phone:
Other Names Used (Include Maiden Name):		
Names & Ages of all Children:		
Drivers Lic #:	Lic. Plate#:	Email:

## Co-Applicant Address Information for Current and last 2 residencies

<b>Current Landlord Name:</b>		Phone:
<b>Your</b> Current address:		Cell Phone:
City, State, Zip:		Email or Fax:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Number of occupants:		Relationships to self:
List Any Pets (type & breed):		
<b>2. Previous Landlord Name:</b>		Phone:
<b>Previous</b> address:		Cell Phone:
City, State, Zip:		Email or Fax:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Number of occupants:		Relationships to self:
<b>3. Previous Landlord Name:</b>		Phone:
<b>Previous</b> address:		Cell Phone:
City, State, Zip:		Email or Fax:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Number of occupants:		Relationships to self:

## Co-Applicant Employment Information (attach LAST FOUR (4) pay stubs with application)

<b>Current Employer:</b>		<b>Verification Dept/Verifier Name:</b>	
Employer Phone:		<b>Email or Fax (must have):</b>	
Address:		How long?	
City, State, Zip:		From:	To:
Position:	Hourly <b>OR</b> Salary / Full <b>OR</b> Part Time	Hourly/Salary income: \$	
<input type="checkbox"/> <b>Other Current</b> or <input type="checkbox"/> <b>Previous employer :</b>			
<b>Current Employer:</b>		<b>Verification Dept/Verifier Name:</b>	
Employer Phone:		<b>Email or Fax (must have):</b>	
Address:		How long?	
City, State, Zip:		From:	To:
Position:	Hourly <b>OR</b> Salary / Full <b>OR</b> Part Time	Hourly/Salary income: \$	

## Co-Applicant Emergency Contacts (Next of Kin)

Name of Contact:	Relationship:	Phone:
Name of Contact:	Relationship:	Phone:
Name of Contact:	Relationship:	Phone:

## MONTHLY EXPENSE WORKSHEET

	Applicant	Co-Applicant
<b>INCOME PER MONTH</b>		
Monthly Take Home Pay from Work		
How much do you receive from Welfare, Disability, SSI, etc.		
How much income from Investment / Retirement Accounts		
Other Income: _____		
<b>TOTAL MONTHLY INCOME</b>		
<b>EXPENSES PER MONTH</b>		
Rent or Mortgage Payments		
Utilities (electrical, water, gas, garbage, etc.)		
Cell Phone / Telephone		
Food		
Vehicle Payments		
Auto Gas, Maintenance, etc		
Credit Card Payments		
Medical Expenses		
Educational Loan Payments		
Other loan Payments		
Insurance Payments (not taken out of paycheck)	Auto	
	Medical	
Meals & Entertainment		
Clothing & Personal Expenses		
<b>Other Payments</b> (child sprt, garnishments, alimony, etc.)		
Other Payments/Expenses: _____		
Other Payments/Expenses: _____		
<b>TOTAL EXPENSES / PAYMENTS</b>		
NET EXCESS		
<p><b>Answer the following TRUTHFULLY for <u>Applicant</u> and <u>Co-Applicant</u>. If you have questions, please ask FRAUDULENT APPLICATIONS WILL BE DENIED.</b></p>		
How much money do you have available for a deposit/down payment on a home?		
Applicant: \$	Co-Applicant: \$	
Have you <b>EVER</b> filed for bankruptcy, had a property foreclosed or will be foreclosed? Y N When/Details?		
Applicant:	Co-Applicant:	
Have you <b>EVER</b> been evicted or are in the process of being evicted? Y N When/Details?		
Applicant:	Co-Applicant:	
<b>Do you have OR have you had</b> ANY Judgments against you? Y N When/Details?		
Applicant:	Co-Applicant:	
Have you <b>EVER</b> had anything repossessed OR voluntarily returned? Y N When/Details?		
Applicant:	Co-Applicant:	
Have you <b>EVER</b> been arrested and are you willing to discuss?		
Applicant: Y N	Co-Applicant: Y N	

**AUTHORIZATION to RELEASE INFORMATION  
to Ted Abele & Companies  
202 CHERRY HILL DR  
BELTON, MO 64012**

To Whom It May Concern:

I/We have applied for a new property with Ted Abele &/or one of his companies. I/we have been requested to provide information for their use in reviewing my/our employment, banking, rental and credit history. Therefore, I/we hereby request the release of this information from your company which may be beneficial in determining my/our suitability as a tenant.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I/we do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

Information may be sent directly to Ted Abele's office at the address above or faxed to 816-892-4696.

This authorization shall be valid for One and a half (1.5) years from date signed below.

Thank you.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_