APPLICANT CHECK LIST

Please submit for all Applicants:

\$20 Application Fee for each Adult 18 & over to live in home (cash or money order payable to Continental Capital Corp)
Copy of ID (Drivers 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-entire page-not just pay stub
Copy of Expense Worksheet (attached – page 4)
Copy of Signed Authorization Sheet (attached – page 5)
Current Residence Inspection

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

Submit to:

Continental Capital Corp Ted Abele or Renee Swain 19601 S. Cleveland Ave Belton, MO 64012 816-322-6030

Fax: 816-322-9716

Email: info@concapcoproperties.com
Web: www.concapcoproperties.com



Continental Capital Corp Financing / Rental Application

Please submit with application for all Applicants:

\$20 App Fee per Applicant, Copy of ID, Copy of current pay stubs and copy of current utility bills.

Home applying for:	Home applying for:Referred By:				
Applicant Information (Please Type or Print All Information)					
Full Legal Name:		Phone:			
Date of birth:	SSN:	Cell Phone:			
Names & Ages of all Children:					
Lic. Plate#: Drivers Lic #:	Email:				
Section 8: ☐ No ☐ Yes If yes, voucher is for how man	y bedrooms? Amount	of Voucher: \$			
Address Information for last 5 years or	last 3 residencies				
Current Landlord Name:		Phone:			
Your Current address:		Cell Phone:			
City, State, Zip:		Fax:			
Own Rent (Please circle) Monthly paymer	it or rent:	How long?			
Number of occupants:	Relationships to self:				
List Any Pets (type & breed):					
Previous Landlord Name:		Phone:			
Previous address:		Cell Phone:			
City, State, Zip:		Fax:			
Own Rent (Please circle) Monthly paymer	nt or rent:	How long?			
Number of occupants:	Relationships to self:				
List Any Pets (type & breed):					
Previous Landlord Name:		Phone:			
Previous address:		Cell Phone:			
City, State, Zip:		Fax:			
Own Rent (Please circle) Monthly paymer	nt or rent:	How long?			
Number of occupants:	Relationships to self:				
List Any Pets (type & breed):					
Employment Information (attach currer	nt pay stubs with applica	ation)			
Current employer:	Supervisor Name:				
Supervisor Phone:		Fax:			
Address:		How long?			
City, State, Zip:		From: To:			
Position: Hourly Salary	Full Time Part Time Ho	ourly/Salary income: \$			
☐ Other Current or ☐ Previous employer:					
Supervisor Name & Phone:	Fax:				
Address:	How long?				
City, State, Zip:	From: To:				
Position: Hourly Salary	Full Time Part Time Ho	ourly/Salary income: \$			
Emergency Contacts (Next of Kin)					
Name & Relation of Contact:	Phone:				
Name & Relation of Contact:	Phone:				
Name & Relation of Contact:	Phone:				

Continental Capital Corp Financing / Rental Application

Please submit with application for all Applicants:

\$20 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:		Phone:			
Date of birth:	SSN:	Cell Phone:			
Names & Ages of all Children:					
Lic. Plate#: Drivers Lic #:	Email:				
Section 8: ☐ No ☐ Yes If yes, voucher is for how many	bedrooms? Amount	of Voucher: \$			
Co-Applicant Address Information for las	st 5 years or last 3 resi	dencies			
Current Landlord Name:		Phone:			
Your Current address:		Cell Phone:			
City, State, Zip:		Fax:			
Own Rent (Please circle) Monthly payment	or rent:	How long?			
Number of occupants:	Relationships to self:				
List Any Pets (type & breed):					
Previous Landlord Name:		Phone:			
Previous address:		Cell Phone:			
City, State, Zip:		Fax:			
Own Rent (Please circle) Monthly payment	or rent:	How long?			
Number of occupants:	Relationships to self:				
List Any Pets (type & breed):					
Previous Landlord Name:		Phone:			
Previous address:		Cell Phone:			
City, State, Zip:		Fax:			
Own Rent (Please circle) Monthly payment	or rent:	How long?			
Number of occupants:	Number of occupants: Relationships to self:				
List Any Pets (type & breed):					
Co-Applicant Employment Information (a	ittach current pay stub	s with application)			
Current employer:	Supervisor Name:				
Supervisor Phone:		Fax:			
Address:		How long?			
City, State, Zip:		From: To:			
Position: Hourly Salary	Full Time Part Time Ho	urly/Salary income: \$			
☐ Other Current or ☐ Previous employer:					
Supervisor Name & Phone:	Fax:				
Address:	How long?				
City, State, Zip:		From: To:			
Position: Hourly Salary	Full Time Part Time Ho	urly/Salary income: \$			
Co-Applicant Emergency Contacts (Next of Kin)					
Name & Relation of Contact:	Phone:				
Name & Relation of Contact:	Phone:				
Name & Relation of Contact:	Phone:				

Credit References (Required)					
Name & Contact Name:	Address:		Phone:		
Professional References (No Relatives)					
Name & Contact Name:	Address:		Phone:		
I HEREBY AUTHORIZE LANDLORD/AGENT TO VERIFY THE VALIDITY OF ALL THE ABOVE INFORMATION, AND TO INQUIRE WITH MY EMPLOYERS, FINANCIAL INSTITUTIONS, AND ANY OF THE CREDIT REPORTING BUREAUS AVAILABLE TO HIM. I UNDERSTAND THIS ABOVE INFORMATION IS TO BE USED IN OBTAINING A CONSUMER CREDIT REPORT. I AGREE TO SUPPLY ANY ADDITIONAL INFORMATION NEEDED BY OWNER/AGENT TO PROCESS THIS APPLICATION AND I ACKNOWLEDGE THAT MY DEPOSIT WILL BE FORFEIT IF I DO NOT COMPLY WITH ANY SUCH REQUEST. I AGREE THAT LANDLORD MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE ON ANY MISSTATEMENT MADE ABOVE. I DECLARE, UNDER PENALTY OF PERJURY, ALL OF THE ABOVE INFORMATION TO BE TRUE AND CORRECT, TO THE BEST OF MY					
KNOWLEDGE. Signature of applicant:			Date:		
Signature of co-applicant:			Date:		
List current monthly income & expenses.	. This section MUS	T be fille	d out.	Amount	
Monthly Net Income					
Rent or Mortgage Payments					
Utilities (electrical, water, gas, garbage, etc.)					
Telephone					
Food					
Vehicle Payments					
Auto Gas, Maintenance, etc					
			Card Payments		
Medical Expenses Educational Loan Payments					
Other Ioan Payments					
Insurance Payments			Auto		
			Medical		
Entertainment					
Clothing & Personal Expenses					
Other Payments					
List:					
List:					
Other Income List:					
List:					
Total					
How much money do you have available for a down payment on a home?					
Have you ever had a property foreclosed? If so when?					
Have you ever filed for bankruptcy? If so when? What type?					
Have you ever had a vehicle repossessed? If so when?			orested usin		

AUTHORIZATION to RELEASE INFORMATION to CONTINENTAL CAPITAL CORP

19601 S Cleveland Ave Belton, MO 64012

To Whom It May Concern:

I/We have applied for a new property with Continental Capital Corp. and I/we have been requested to provide information for their use in reviewing my banking, rental and credit history. Therefore, I/we hereby request the release of any information regarding my/our banking, rental or credit history with 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 Continental Capital Corp, Attn: Ted Abele or Renee Swain at 816-322-6030 or faxed to 816-322-9716

This authorization shall be valid for ninety (90) days from date signed below.

Thank you.		
Applicant Signat	ture:	Date:
Co-Applicant Signature:		Date:
۸ ما ما برده م		
Printed Name:		

