



Thank you for assisting us.

Please Verify the Current/Past Residency on this Apartment Applicant.
Their signature below authorizes the release of the Residency information.

St. Andrews Apartments

Leasing Consultant: Ann Aufner

Phone No: 636-946-6494

Fax No: 636-946-6575

Email: sa@twgstl.com

Applicant #1

Print Name: _____

Signature: _____

Driver's License No: _____ State: _____ Expiration Date: _____

Applicant #2

Print Name: _____

Signature: _____

Driver's License No: _____ State: _____ Expiration Date: _____

Residency Verification:	Applicant #1	Applicant #2
Name of Property/Person completing form	_____	_____
Verifier's Position:	_____	_____
1. How long has Applicant rented from you?	_____	_____
2. Did they fulfill their lease?	_____	_____
3. Do they pay on time and as agreed?	_____	_____
4. Have you received any returned checks?	_____	_____
5. Any disturbances?	_____	_____
6. Would you re-rent to this person?	_____	_____
7. How much rent was this person's responsibility?	_____	_____