

**This form must be filled out legibility AND with all information completed.**

CITY OF SIKESTON

# APPLICATION FOR TENANCY

Instructions: Forward this completed form with an application fee of \$15.00 to the Sikeston Department of Public Works, Code Enforcement Office, 105 East Center Street, Sikeston, MO 63801.

<b>STREET ADDRESS OF RENTAL PROPERTY TO BE INSPECTED</b> _____ <b>APT. #.</b> _____
<b>NAME &amp; ADDRESS OF PROPERTY OWNER</b> _____
<b>NAME OF PROPERTY MANAGER</b> _____ <b>PHONE NO. ( )</b> _____
<b>PROPERTY MANAGER'S ADDRESS</b> _____
<b>DATE OF DESIRED OCCUPANCY</b> _____ (DO NOT STATE AS SOON A POSSIBLE, PROVIDE MONTH AND DAY)

**HEAD-OF-HOUSEHOLD** \_\_\_\_\_ **PHONE NO. ( )** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **DRIVERS LICENSE #** \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_  
Street Address Apt. No. City State Zip Code

**HOW LONG AT PREVIOUS ADDRESS?** From \_\_\_\_\_ To \_\_\_\_\_

**NAME OF LANDLORD OR MORTGAGE HOLDER** \_\_\_\_\_ **PHONE NO. ( )** \_\_\_\_\_

**THE FOLLOWING OCCUPANTS (AND NO OTHERS) WILL BE RESIDING AT SAID RENTAL PROPERTY:**

<u>NAME</u>	<u>SEX</u>	<u>DATE-OF-BIRTH</u>	<u>RELATIONSHIP TO HEAD-OF-HOUSEHOLD</u>
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<u>NAME</u>	<u>SEX</u>	<u>DATE-OF-BIRTH</u>	<u>RELATIONSHIP TO HEAD-OF-HOUSEHOLD</u>

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE STATEMENTS MADE IN CONJUNCTION WITH MY REQUEST FOR A RENTAL PROPERTY MAINTENANCE INSPECTION.

TENANT(S): ALL ADULT TENANTS MUST SIGN APPLICATION. IF NECESSARY USE THE BACK OF THE FORM PLEASE PRINT YOUR NAME AND SIGN.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PROPOSED LANDLORD/PROPERTY MANAGER:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_