

IOWA LEASE APPLICATION

ADDRESS: \_\_\_\_\_, APT. # \_\_\_\_\_, CITY: \_\_\_\_\_, IA ZIP: \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_
DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ S. S. # \_\_\_\_\_ SEX \_\_\_\_\_
SPOUSE'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_
DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ S. S.# \_\_\_\_\_ SEX \_\_\_\_\_
PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
HOW LONG? \_\_\_\_\_ PHONE NO. \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_
RENTING? \_\_\_\_\_ NAME OF LANDLORD \_\_\_\_\_ PHONE NO. (\_\_\_\_) \_\_\_\_\_
PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
HOW LONG? \_\_\_\_\_ PHONE NO. \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_
RENTED? \_\_\_\_\_ NAME OF LANDLORD \_\_\_\_\_ PHONE NO. (\_\_\_\_) \_\_\_\_\_

EMPLOYMENT - APPLICANT:

CURRENT EMPLOYER'S NAME & ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_
AREA CODE & PHONE NO. (\_\_\_\_) \_\_\_\_\_ DATE STARTED \_\_\_\_\_ MO. TAKE HOME PAY \_\_\_\_\_
TYPE OF WORK \_\_\_\_\_
PREVIOUS EMPLOYER'S NAME & ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_
PHONE NO. (\_\_\_\_) \_\_\_\_\_ DATE STARTED \_\_\_\_\_ DATE ENDED \_\_\_\_\_
REASON FOR LEAVING \_\_\_\_\_ MO. TAKE HOME PAY \_\_\_\_\_
OTHER INCOME - SOURCE \_\_\_\_\_ \$ \_\_\_\_\_ PER MONTH
(Other income as listed will require two (2) copies of the document stating the period of time covered and the amount.)

EMPLOYMENT - SPOUSE:

CURRENT EMPLOYER'S NAME & ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_
AREA CODE & PHONE NO. (\_\_\_\_) \_\_\_\_\_ DATE STARTED \_\_\_\_\_ MO. TAKE HOME PAY \_\_\_\_\_
TYPE OF WORK \_\_\_\_\_
PREVIOUS EMPLOYER'S NAME & ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_
PHONE NO. (\_\_\_\_) \_\_\_\_\_ DATE STARTED \_\_\_\_\_ DATE ENDED \_\_\_\_\_
REASON FOR LEAVING \_\_\_\_\_ MO. TAKE HOME PAY \_\_\_\_\_

STUDENT:

APPLICANT: SCHOOL \_\_\_\_\_ YEAR \_\_\_\_\_ DEPT. \_\_\_\_\_ PHONE \_\_\_\_\_
SPOUSE: SCHOOL \_\_\_\_\_ YEAR \_\_\_\_\_ DEPT. \_\_\_\_\_ PHONE \_\_\_\_\_
(Students or others with insufficient income will need an additional form to provide a co-signer upon request of the apartment community management.)

GIVE NAME, BIRTH DATE AND RELATIONSHIP OF ALL PERSONS (OTHER THAN YOURSELF) WHO WILL OCCUPY APARTMENT:

\_\_\_\_\_
\_\_\_\_\_

CREDIT REFERENCES - List all charge accounts, credit cards and loans you have:

Table with 5 columns: NAME, ADDRESS, BALANCE OWED, MONTHLY PAYMENT, PAID AS AGREED (Yes or No)

BANK \_\_\_\_\_ ADDRESS \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_

IN CASE OF EMERGENCY, PERSON WHO MAY HAVE APARTMENT KEY \_\_\_\_\_
PHONE NO. (\_\_\_\_) \_\_\_\_\_ ADDRESS \_\_\_\_\_
RELATIONSHIP TO YOU \_\_\_\_\_

NUMBER OF VEHICLES: AUTOS \_\_\_\_\_ TRUCKS \_\_\_\_\_ MOTORCYCLES \_\_\_\_\_ OTHER (specify) \_\_\_\_\_
LICENSE PLATE NUMBER FOR EACH VEHICLE \_\_\_\_\_/STATE \_\_\_\_\_/STATE \_\_\_\_\_
WILL YOU OR OTHER OCCUPANTS HAVE A PET? \_\_\_\_\_ KIND, WEIGHT, BREED, AGE \_\_\_\_\_
WILL YOU OR OTHER OCCUPANTS HAVE A WATERBED? NO \_\_\_\_\_ YES \_\_\_\_\_ (Requires insurance)
HAVE YOU, YOUR SPOUSE OR OCCUPANT EVER BEEN EVICTED? \_\_\_\_\_ EVER BROKEN A RENTAL AGREEMENT OR LEASE CONTRACT? \_\_\_\_\_ BEEN SUED FOR NON-PAYMENT OF RENT OR DAMAGES TO RENTAL PROPERTY? \_\_\_\_\_
EVEN BEEN CONVICTED OF A FELONY? \_\_\_\_\_ PLEASE EXPLAIN (give year, location and type of each felony) \_\_\_\_\_

SPECIAL CONDITIONS OR REQUESTS: \_\_\_\_\_

PROCESSING FEE: Applicant has paid the sum of \$ \_\_\_\_\_ as a non-refundable fee for owner's cost of processing application.

CORRECT INFORMATION: Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references, and credit records. Applicant acknowledges that false information herein will constitute grounds for rejection of this application and may be a criminal offense. Applicant agrees to the terms of the "Application Deposit Agreement" below.

APPLICATION DEPOSIT AGREEMENT

Applicant has deposited an "Application Deposit" (in the amount stated below) in consideration of the owner/agent's evaluation of this application. Applicant agrees to enter into a rental agreement within forty-eight (48) hours of verbal or written notification of application approval. Should applicant give notice of cancellation before move-in date, or fail to take possession, owner/agent will have the immediate right to take possession and re-let said dwelling unit. Charges for advertising, verification of information, application approval, any and all other out-of-pocket rental expenses, and daily rent loss until dwelling unit is re-let will be deducted from security deposit. If said charges exceed security deposit amount, applicant shall be liable for the deficiency. Owner/agent shall use due diligence in mitigating applicant's damages. Applicant agrees that only in the event this application is rejected by owner/agent, shall applicant be entitled to a refund of security deposit less a twenty-five dollar (\$25.00) fee for the owner's cost of processing the application.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, AT POLK COUNTY, IOWA.

APPLICANT'S SIGNATURE \_\_\_\_\_ SPOUSE'S SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

HOW WERE YOU REFERRED TO THIS COMMUNITY? (Please circle one): NEWSPAPER AD REFERRAL

FORMER RESIDENT (Name) \_\_\_\_\_ CURRENT RESIDENT (Name) \_\_\_\_\_

DROVE BY AND CAME IN \_\_\_\_\_ OTHER \_\_\_\_\_

**APPLICANTS - DO NOT WRITE BELOW THIS LINE:**

=====

LANDLORD: Rated \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ Rated \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Accepted \_\_\_\_\_

CREDIT: Rated \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ Rated \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Rated \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ Rated \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

CREDIT BUREAU Rated \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ Rated \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYMENT: Outlook for work – Applicant \_\_\_\_\_ Spouse \_\_\_\_\_

CLAUSES: Co-Signer \_\_\_\_\_ Pet Addendum \_\_\_\_\_ Other \_\_\_\_\_

APPLICATION DEPOSIT: \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE PAID \_\_\_\_\_

RENT PER MONTH \_\_\_\_\_

BALANCE OF DAMAGE DEPOSIT: \$ \_\_\_\_\_ LEASE TERM \_\_\_\_\_

PET DEPOSIT: \$ \_\_\_\_\_ TYPE OF APARTMENT \_\_\_\_\_

PRO-RATED AMOUNT OF RENT: \$ \_\_\_\_\_ MOVE-IN DATE \_\_\_\_\_

FULL \_\_\_\_\_ MONTH RENT: \$ \_\_\_\_\_

TOTAL OWED PRIOR TO OCCUPANCY: \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE PAID \_\_\_\_\_

FOLLOWING HAS BEEN GIVEN TO RESIDENT:

LEASE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICATION \_\_\_\_\_

DATE \_\_\_\_\_

NOTIFICATION OF APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

IDENTIFICATION VERIFICATION: \_\_\_\_\_

DATE: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

(Company Representative)

COPY OF THIS APPLICATION RECEIVED BY APPLICANT:

BY: \_\_\_\_\_

(Signature of Applicant)