

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 _____ MONTHLY SALARY _____
TYPE OF WORK _____
PREVIOUS EMPLOYER'S NAME & ADDRESS _____ ZIP _____
PHONE NO. (____) _____ DATE STARTED _____ DATE ENDED _____
REASON FOR LEAVING _____ MONTHLY SALARY _____
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 _____ MONTHLY SALARY _____
TYPE OF WORK _____
PREVIOUS EMPLOYER'S NAME & ADDRESS _____ ZIP _____
PHONE NO. (____) _____ DATE STARTED _____ DATE ENDED _____
REASON FOR LEAVING _____ MONTHLY SALARY _____

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:

NAME	ADDRESS	BALANCE OWED	MONTHLY PAYMENT	PAID AS AGREED (Yes or No)
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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 NONPAYMENT 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)

lease/ugapp
6/99
web 2/01
Modified: 05/31/11