



RENTAL APPLICATION

Form B-012

		Application Fee: \$ <u>35.00</u>	
PERSONAL INFORMATION		Rental Amount: \$ <u> </u>	
Applicant's Full Legal Name:		How long do you intend to occupy this residence? <u> </u> Yrs. <u> </u> Mos.	
Other Name(s) Used in the Past:		Desired Move-In Date:	
Date of Birth:	Home Phone: () <u> </u> - <u> </u>	Cell Phone: () <u> </u> - <u> </u>	
SSN/ITIN:	Email:		
Driver's License State:	Driver's License #:	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RESIDENCE HISTORY			
Current Address:			
City:	State:	Zip:	
Move-In Date:	Do You Rent or Own?	Monthly Rent or Mortgage:	
Landlord or Mortgage Company:		Phone:	
Reason For Leaving This Residence:			
Previous Address 1:			
City:	State:	Zip:	
Move-In Date:	Move-Out Date:	Did You Rent or Own?	
Landlord or Mortgage Company:		Phone:	
Reason For Leaving This Residence:			
Previous Address 2:			
City:	State:	Zip:	
Move-In Date:	Move-Out Date:	Did You Rent or Own?	
Landlord or Mortgage Company:		Phone:	
Reason For Leaving This Residence:			
FINANCIAL INFORMATION			
Bank:	Acct #:	Type:	Balance:
Bank:	Acct #:	Type:	Balance:

This application must be completed in full to be eligible for review and subsequent approval.

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EMPLOYMENT AND/OR SOURCE OF INCOME HISTORY

Employer/Source of Income:	Phone:
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Address:

City:	State:	Zip:
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Position:	Start Date:	Monthly Gross Pay:
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List Additional Monthly Income:

Previous Employer:	Phone:
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Address:

City:	State:	Zip:
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Position:	Start Date:	End Date:
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CREDIT REFERENCES (CREDIT CARDS AND LOANS)

Creditor:	Acct #:	Balance:	Monthly Payment:
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Creditor:	Acct #:	Balance:	Monthly Payment:
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PERSONAL REFERENCES (NOT RELATED TO YOU)

Name 1:	Phone:
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Address:

City:	State:	Zip:
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Name 2:	Phone:
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Address:

City:	State:	Zip:
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EMERGENCY CONTACT (PREFERABLY RELATED TO YOU)

Name:	Relation:	Phone:
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Address:

City:	State:	Zip:
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NOTE: In the event rent is ever more than six (6) days past due and manager has been unable to reach any lessee by phone, email, or regular mail, your signature below indicates approval that Property Manager may contact the above listed "Emergency Contact" as this may be an indication of an emergency.

PETS THAT YOU DESIRE TO LIVE ON THE PREMISES

Type/Breed/Size:

Type/Breed/Size:

VEHICLES OWNED

Year/Make/Model:	License #/State:
Year/Make/Model:	License #/State:
Year/Make/Model:	License #/State:

MISCELLANEOUS

1. Have you ever been evicted or asked to move from any tenancy? Yes No
2. Have you ever broken a rental agreement or lease? Yes No
3. Have you ever willfully and intentionally refused to pay rent when due? Yes No
4. Do you know of anything which may interrupt your income or ability to pay rent? Yes No
5. Have you ever filed a petition of bankruptcy? Yes No
6. Have you ever been convicted of a felony or misdemeanor? Yes No
7. Are you obligated to pay child support or alimony? Yes No
8. Do you plan to conduct any commercial business from the residence? Yes No

If you answered "Yes" to any of the above questions, please explain below.

The undersigned hereby grants approval for the owner/property manager to perform a background check in confidence for past evictions, criminal offenses, verification of current and past employment, previous landlords, identity and to obtain a credit report. These will be used as we consider the applicant for approval for residency in a rental property. If approved, this application will become a part of our agreement. _____ (Initial here).

Current Monthly Obligations \$ _____ + \$ _____ + \$ _____ + \$ _____ = \$ _____

Applicant acknowledges that once the background checks are complete the application fee is non-refundable. ____ (Initial here).

Applicant acknowledges once a deposit is placed by applicant to hold the unit for which applicant has been approved for residency, such deposit will be not be refunded, to the extent that costs are incurred by owner (e.g. lost rent from reserving the unit for applicant and additional advertising, and/or other direct costs). ____ (Initial here).

False information listed on the application may be grounds for denial of occupancy and/or grounds for eviction, per Iowa Code 714.8(10). ____ (Initial here).

Explain any "yes" answers above (attach additional sheet if necessary):

SIGNATURE

Applicant's Signature:	Date:
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Office Use Only: Date **Completed** Application Received: ___/___/___ Time Received: __:___

