PO BOX 383 DAVENPORT, IA 52805 563-324-2839

APPLICATION FOR TENANCY

EACH ADULT MUST FULLY COMPLETE AN APPLICATION AND MUST READ OUR RULES. WE COLLECT AS MANY APPLICATIONS AS POSSIBLE. WE CHECK REFERENCES FOR ALL APPLICANTS. WE DO NOT RENT TO ANYONE WHOSE REFERENCES WE CANNOT CONTACT. WE DO NOT ALLOW ANYONE TO MOVE IN IMMEDIATELY. WE REQUIRE ONE PERSONAL NON-RELATIVE REFERENCE WHO HAS KNOWN YOU FOR 3 YEARS. WE DO NOT JUST RENT TO THE 1ST APPLICANT; WE RENT TO THE BEST APPLICANT. WE MAKE DECISIONS BASED ON PERSONAL HISTORY, NOT PERSONAL APPEARANCE. WE REQUIRE PHOTO ID. WE MAY REQUIRE A CO-SIGNER.

| FULL | 2.TS | Ŋ | ne) 1AIDEN | |
|------------------------------------|-----------------|------------------|------------------------------|------|
| NAME | Middle | Lact | NAME | |
| First | Middle | | OCIAL | |
| KNOWN ALIAS | | | | 1) |
| ARE YOU AT LEAST 18 YRS OF AGE? | YesNo | DATE OF BIRTH | PLACE OF BIRTH | |
| HOME/MESSAGE | | WHOSE NAME IS | 1 | |
| WORK | | CELL | 10, 600, 8,000, 30 | |
| | | | EVERYONE WHO WILL (| |
| First | Last | MI | Relation | Age |
| 2 | | | | |
| 2. First | Last | MI | Relation | Age |
| _ | | | | |
| 3. First | Last | MI | Relation | Age |
| ¥ | | | | |
| 4. First | Last | MI | Relation | Age |
| 11130 | 2000 | | , | 7.50 |
| 5. | Last | MI | Relation | Age |
| | Lasc | | . tolution | 7.50 |
| First | | | | |
| First 6. | Lact | MI | Pelation | Δαρ |
| First | Last | MI | Relation | Age |
| First 6. First | ondentorood (in | | Relation LONG ON THE PROGRA | |

| RENTAL/RESIDENCE HIST | ORY | | | | |
|--|---------------------|--------------|-------------|-----------------------------------|-----------------------|
| | | | | 12 | G. |
| PRESENT | | RESENT | | | |
| ADDRESS | | ANDLORD | | PHONE_ | |
| Dates of | | Reas | on for | | |
| Occupancy | | | oving | | |
| PREVIOUS | | REVIOUS | | DUONE | |
| ADDRESS #1 | | | | PHONE_ | |
| Dates of | | | on for | | |
| Occupancy | | | | | |
| PREVIOUS ADDRESS #2 | P | REVIOUS | | DUONE | |
| ADDRESS #2 | L | LANDLORD | 6 | PHONE | |
| Dates of Occupancy | Don't d | Reas | son for | | |
| Occupancy | Kent \$_ | MC | virig | | |
| WE REQUIRE <u>ALL</u> OF YOUR USE SPACE AT END OF API | | | EMPLOYERS F | OR THE PAST 5 | YEARS. |
| EMPLOYMENT HISTORY | | | | | |
| CURRENT EMPLOYER'S | EMPLO) | YER'S | | | |
| NAME | | | | PHONE | |
| How long | ADDIN | | Name of | | |
| With employer? | POSITION: | | Supervisor | | |
| Ful | Part | | | | |
| SHIFT:DayNight Tim | e Time (| GROSS INCOME | | PER | |
| FORMER | | | | | |
| EMPLOYER | ADDE | RESS | | PHONE | |
| How long | ///// | | Name of | ::::::::::::::::::::::::::::::::: | |
| With employer? | POSITION: | | | | |
| Walder (March 1) - Walder Walder (March 1) - Wald | S | | | | |
| GROSS INCOME | PER | \ | _ | | |
| STATE SOURCE AND AMOUNT OF ANY ADDITIONAL INCOME CREDIT HISTORY | | | | S S | |
| NAME OF BANK/CREDIT UNION | A | ADDRESS | | TYPE OF ACCOU | NT |
| Please list car loans, credit ca | ards, furniture ren | ntals, etc. | | | 2 |
| | | | 22 | | |
| CREDIT | | TYPE | | | |
| REFERENCE(S) | MONTHLY | | | | |
| | MONTHLY | | HOSE | | |
| OWED | PAYMENTS | | ME? | | |
| CREDIT | | TYPE | | | |
| REFERENCE(S) | MONTHLY | | | - 20 | |
| BALANCE OWED | MONTHLY | IN W | | | |
| OMED | PATMENTS | INF | WIE: | | |
| VEHICLES | | | | | |
| DRIVER'S | | | | (4) | |
| LICENSE # | | | | EXP. DATE | |
| VEHICLES YOU OWN, ARE BUYIN | | | | | |
| MAKE MODEL | YEAR | COLOR | LIC PLATE# | EXP. DATE | STATE |
| * | | | | | |
| W | | | | | Was sold and a second |
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| | 2 2 | | | | | | |
|---|---|---|--|--|--|--|--|
| HAVE YOU EVER BEEN LATE IN RENT PAYMENTS? | YesNo | | | | | | |
| HAVE YOU EVER BEEN EVICTED?YesNo | | | | | | | |
| HAVE YOU EVER BROKEN A LEASE?YesNo | | | | | | | |
| If "Yes" to any of these questions, explain in space at end of application or separate sheet of paper, if needed. | | | | | | | |
| ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD AN ILLEGAL ABUSER OR ADDICT OF ANY CONTROLLED SUBSTANCE?YesNo | | | | | | | |
| HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF THE ILLEGAL MANUFACTURE, POSSESSION, OR DISTRIBUTION OF ANY CONTROLLED SUBSTANCE?YesNo | | | | | | | |
| HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A FELONY OR AGGRAVATED MISDEMEANOR?YesNo | | | | | | | |
| ARE THERE ANY ADVERSE CREDIT CONDITIONS/SITUATIONS IN YOUR OR ANY MEMBER OF YOUR HOUSEHOLD'S RECENT HISTORY THAT WILL SHOW UP ON A CREDIT REPORT?YesNo | | | | | | | |
| DO YOU HAVE OR EXPECT TO HAVE ANY PETS?YesNo If "Yes", what? | | | | | | | |
| IF DOG(S), WHAT BREED(S)? | | | | | | | |
| ANY WATERBEDS?YesNo | | | | | | | |
| WHICH OF THE FOLLOWING UTILITIES ARE PRESENTLY INGAS/ELECTRICITYNONE | YOUR NAME?WATERSEWER | | | | | | |
| DID YOU COMPLETE THIS APPLICATION YOURSELF? | If not, name of who did | | | | | | |
| REFERENCES & EMERGENCY CONTACTS | | | | | | | |
| NAME #1 OF NON-RELATIVE WHO HAS KNOWN YOU AT LEAST 3 YEARS | Address | Phone | | | | | |
| NAME #2 OF NON-RELATIVE WHO HAS KNOWN YOU AT LEAST 3 YEARS | | | | | | | |
| NAME #3 OF NON-RELATIVE WHO HAS KNOWN YOU AT LEAST 3 YEARS | Address | Phone | | | | | |
| NAME OF MEADEST | | ~~~~~ | | | | | |
| NAME OF NEAREST LIVING RELATIVE | Address | Phone | | | | | |
| NAME OF PERSON TO CONTACT IN EMERGENCY | Address | Phone | | | | | |
| I AUTHORIZE INFORMATION TO BE CHECKED FOR VERIFICATION CORRECT, ANY RENTAL AGREEMENT BECOMES VOID AN SECURITY DEPOSIT. I ALSO AUTHORIZE VERIFICATION CORDITION CORDITION CORDITION OF THE STANDING AND I UNDERSTAND THAT IF I AM ACCEPTED ASSIGNING THE LEASE, ANY DEPOSIT WILL BE FORFEITED. | ND WILL BE SUFFICIENT REASON FOR EVIC OF EMPLOYMENT, BANK ACCOUNTS, CREDIT HAT MY RENTAL HISTORY AND CREDIT REC | TION & LOSS OF THISTORY (including ORDS ARE IN GOOD | | | | | |
| APPLICANT'S SIGNATURE | DA | TE | | | | | |

GENERAL INFORMATION

WE WELCOME QUALIFIED TENANTS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, MARITAL STATUS, FAMILIAL STATUS, AGE, NATIONAL ORIGIN, SEXUAL ORIENTATION OR DISABILITY.

