

Application and Offer to Rent

2425 Euclid Ave Des Moines, IA 50310 515-279-4699

Each adult applicant must complete an application, read and sign a lease. We make decisions based on personal history, not personal appearance. We comply with all Fair Housing Guidelines. We require photo identification, pay stubs/proof of income and application fee at time of application. We offer pet free properties and do not allow unlicensed businesses at our properties.

A. Offer to Rent: By signing below, I am offering to rent the property described below. If approved, I will be required to perform duties as a Tenant under the Contract for Lease which I am also signing when turning in the application. I understand this offer is not accepted until the Owner/Agent signs the lease.

B. Description of Property: Located at _____, _____, Iowa _____.
Rent Amnt: _____ Deposit Amnt: _____ Date Paid: _____ Pos Date : _____

C. Information About tenants and Occupants: (Please Print)

Full Name: _____ DOB: ___/___/___ SSN: ___/___/___
Other name if any _____ Single ___ Married ___ Divorced ___ Other ___
Phone Numbers: Cell: _____ Home: _____ Work: _____
Email Address: Home: _____ Work: _____
Other Occupants: _____ Age: _____ Gender ___ Relationship: _____

D. Resident History:

Current Address: _____ (Apt #) _____ City _____ State ___ Zip ____
Rent Per Month: _____ Dates at address (month/year) From ___ / ___ To ___ / ___
Landlord Name: _____ Address: _____ Phone: _____
Reason for Leaving: _____

Previous Address: _____ (Apt #) _____ City _____ State ___ Zip ____
Rent Per Month: _____ Dates at address (month/year) From ___ / ___ To ___ / ___
Landlord Name: _____ Address: _____ Phone: _____
Reason for Leaving: _____

Previous Address: _____ (Apt #) _____ City _____ State ___ Zip ____
Rent Per Month: _____ Dates at address (month/year) From ___ / ___ To ___ / ___
Landlord Name : _____ Address: _____ Phone: _____
Reason for Leaving: _____

Have you ever been evicted: Yes ___ No ___ If yes, please explain: _____

Do you currently or will you be receiving housing assistance? Y/N If yes, which agency? _____

E. Criminal History:

- Have you or any other occupant ever been convicted or plead guilty for usage/possession of drugs or drug paraphernalia or manufacture or distribution of a controlled substance? Yes/No
- Have you or any other occupant ever been convicted of any crime including traffic violations? Yes/No
- Are you or any other occupant illegal users of any controlled substances? Yes/No

If you answer **yes** to any of the Criminal History questions, please list date(s), offense(s), and State in which offense occurred:

F. Employment Status & History:

Current Employer: _____ Full or Part Time Salary \$ _____ Per _____

Company Address: _____ Position Held: _____

Supervisor: _____ Phone: _____ Dates From/To _____

Previous Employer: _____ Full or Part Time Salary \$ _____ Per _____

Company Address: _____ Position Held: _____

Supervisor: _____ Phone: _____ Dates From/To _____

Other Income Source: _____ Income Amount \$ _____ Per _____

Address for Verification: _____

Contact Person: _____ Phone: _____

G. Other Information:

Automobile: Make/Model/Year _____ / _____ / _____ Plate #: _____ Co/State _____ / _____

Do you have Renter's Insurance? : Yes _____ No _____ We highly recommend renter's insurance.

H. In Case of Emergency:

Name: _____ Phone: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

I. References:

Name: _____ Phone: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Name: _____ Phone: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

J. Additional Terms of Offer: _____

K. If you have not completed the Contract for Lease within 48 hours after approval, deposit will be forfeited. Please initial: _____

L. Release of Information:

I understand that providing false information shall be considered grounds to reject this application and/or, if accepted, termination of the Lease. I consent to Owner/Agent for the Agent contacting references, employers and authorities to verify information stated in this Application/Offer to Rent.

Applicant Signature

Date

M. Acceptance of Offer:

Application accepted on: _____ By: _____

Tenant was notified on: _____ Spoke with/left message _____