



APPLICATION FOR TENANCY

Each Adult Must: Provide Photo ID; Complete APPLICATION, Read Our Rules. We collect as many Applications as possible. We check references for Applicants. We do not rent to anyone whose references we can't contact. We do not allow anyone to move in immediately. We require 1 personal non-relative reference knowing you 3 years. We do not rent to the 1st Applicant; we rent to BEST APPLICANT meeting requirements. We make decisions based on Personal History, not Personal Appearance. We may require Co-Signer.

Learned of vacancy <input type="checkbox"/> AD IN PAPER <input type="checkbox"/> FOR RENT SIGN <input type="checkbox"/> CALLED OFFICE <input type="checkbox"/> From NAME _____	MAIDEN NAME _____	Date of Birth _____		
NAME _____				
Address or type of unit applied for _____	Rent \$ _____	Possession Date _____		
HOME\MESSAGE				
PHONE # _____	YOU _____	PHONE# _____	BEST WORK	TIME TO CONTACT
NAMES AND RELATIONSHIPS OF EVERYONE WHO WILL OCCUPY UNIT including ages of minors:				
1. _____	2. _____			
Provided Landlord 30-Days' Written Notice? Yes <input type="checkbox"/> No <input type="checkbox"/> If on SECTION 8: How many years? _____ Total rent? \$ _____ Your share \$ _____				
SOCIAL SEC.# _____	DRIVER'S LICENSE # _____	STATE _____	EXP-DATE _____	PHOTO ID _____
IMPORTANT! INCLUDE 3 YRS LANDLORD /EMPLOYMENT/INCOME REFERENCES! Use back side if needed.				
PRESENT ADDRESS _____	PRESENT LANDLORD _____	PHONE _____		
Dates of Occupancy MO _____ YR _____ --- MO _____ YR _____	Rent \$ _____	Reason for Moving _____		
PREVIOUS ADDRESS _____	LANDLORD _____	PREVIOUS PHONE _____		
Dates of Occupancy MO _____ YR _____ --- MO _____ YR _____	Rent \$ _____	Reason for Moving _____		
EMPLOYER'S NAME _____	COMPANY _____	PHONE _____		
ADDRESS _____	HOW LONG? _____	POSITION _____		
SHIFT: Day _____ Night _____ Supervisor _____	PHONE _____	Subject to transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
INCOME SOURCE #1 _____	APPROXIMATE MONTHLY AMOUNT \$ _____	HOW LONG? _____		
INCOME SOURCE #2 _____	APPROXIMATE MONTHLY AMOUNT \$ _____	HOW LONG? _____		
OUTSTANDING LOAN _____	BALANCE DUE _____	MONTHLY PAYMENT \$ _____		
OUTSTANDING LOAN _____	BALANCE DUE _____	MONTHLY PAYMENT \$ _____		
BANK/CREDIT UNION & ADDRESS _____	Checking Account? Yes <input type="checkbox"/> No <input type="checkbox"/> Savings Account? Yes <input type="checkbox"/> No <input type="checkbox"/>			
RENT PAYMENTS EVER BEEN LATE? Yes <input type="checkbox"/> No <input type="checkbox"/> EVER BEEN EVICTED? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain on back				
ABLE TO MEET REQUIREMENTS OF TENANCY THAT APPLY TO ALL TENANTS? Yes <input type="checkbox"/> No <input type="checkbox"/> May make extra comments on back side.				
PLAN IN-RESIDENCE BUSINESS ACTIVITIES? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain _____				
CAN OBTAIN A CO-SIGNER? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of person _____				
HAVE\EXPECT TO HAVE PETS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what? _____				
UTILITIES: You can get IN YOUR NAME? <input type="checkbox"/> WATER <input type="checkbox"/> SEWER <input type="checkbox"/> GARBAGE PICKUP <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NONE				
NUMBER OF CARS _____	NUMBER OF LICENSED DRIVERS _____	NAMES _____		
Make #1 _____	Year #1 _____	License #1 _____	Make #2 _____	Year #2 _____
NON-RELATIVE REFERENCE _____	Address _____		Phone _____	
NEAREST LIVING RELATIVE _____	Address _____		Phone _____	
EMERGENCY CONTACT _____	Address _____		Phone _____	
I authorize Landlord to check information for verification by all available means: consumer reporting agencies, public records, and current/previous rental property owners/employers/personal references. Re-verification or investigation of preliminary findings is not required. If any of my answers are found to be incorrect, any Rental Agreement becomes void & will be sufficient reason for eviction & loss of Security Deposit. I also authorize verification of Employment, Military status, Bank accounts, Credit History [including Credit Bureau Report], Criminal Records, Rental history, Income, Evictions\Judgments, Student status. I declare that my Rental history & Credit records are in good standing & understand that if I am accepted & fail to complete this transaction by promptly signing any required papers, any deposit will be forfeited.				
"We welcome qualified tenants without regard to race, color, creed, religion, sex, marital status, familial status, age, national origin, sexual orientation, disability or gender identity. If you feel you have experienced discrimination, you may file a complaint with the Davenport, Civil Rights Commission, 226 W. 4 th St., Davenport, (563) 326-7888 or (563) 326-7959 TTY. For discriminatory housing practices that occur outside the City of Davenport contact the Iowa Civil Rights Commission at (800) 457-4416 or the U.S. Department of Housing and Urban Development at (800) 743-5323."				
APPLICANT'S SIGNATURE _____	DATE _____			