

# Application for Tenancy

1. NO PETS ALLOWED! NO SMOKING ALLOWED!
2. You can not move into an unit until your application is completed and approved, all documents are signed, and the deposit and first month's rent are paid in full.

NAME \_\_\_\_\_ S.S.N. \_\_\_\_\_

FIRST MIDDLE LAST

BUILDING: (circle one) 128 Westside Drive, Iowa City / 2880 Coral Court, Coralville

FLOOR PREFERENCE (ground/ 1<sup>st</sup>/ 2<sup>nd</sup>) \_\_\_\_\_ Unit # \_\_\_\_\_ (if available)

DATE FOR LEASE TO BEGIN \_\_\_/\_\_\_/20\_\_\_

PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MONTHLY RENT OR MORTGAGE PAYMENTS \$ \_\_\_\_\_ HOW LONG \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

PRESENT LANDLORD \_\_\_\_\_ PHONE # \_\_\_\_\_

LANDLORD ADDRESS \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME CITY/STATE

PHONE# \_\_\_\_\_ OWNER/SUPERVISOR \_\_\_\_\_

HOW LONG EMPLOYED \_\_\_\_\_ MONTHLY SALARY \_\_\_\_\_

ADDITIONAL SOURCE OF INCOME \_\_\_\_\_ MONTHLY ADDITION \$ \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ PHONE # \_\_\_\_\_

HOW IS THIS PERSON ACQUAINTED WITH YOU \_\_\_\_\_

PREVIOUS LANDLORD \_\_\_\_\_ PHONE # \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_ RENT \_\_\_\_\_

IN CASE OF EMERGENCY, NEAREST RELATIVE TO CONTACT

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME CITY/STATE

VEHICLE(S) MAKE & MODEL(S) \_\_\_\_\_ COLOR \_\_\_\_\_

License Number(s) \_\_\_\_\_ State \_\_\_\_\_

CHILDREN (if applicable) - Names & Ages \_\_\_\_\_

Bank Account Reference \_\_\_\_\_

BANK CITY STATE

No persons other than those specifically named as occupants on the lease will be permitted to occupy the dwelling. Acceptance of this application by the landlord shall not constitute a complete agreement to rent the premises. All parties must also sign a formal written LEASE AGREEMENT. All persons signing the lease must be at least 18 years old with picture identification available if asked for.

I certify the above information is true and correct to the best of my knowledge, I authorize verification of references and a credit check. I understand that any false information hereon can result in automatic rejection of this application or cancellation of my lease agreement if discovered at a later point in time during my tenancy.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail to: Stephanie Wilkinson, 846 St. Anne's Dr., Iowa City, IA 52245 Make Security Deposit Checks out to: Mike Myers

RENT \_\_\_\_\_ DEPOSIT \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

# Request For Reference Information

Myers Property Management  
846 St. Anne's Drive  
Iowa City, Iowa 52245  
Phone (319) 321-7030

Tenant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

I authorize verification of references and a credit check.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Landlord Name: \_\_\_\_\_

How long have they lived at this address? \_\_\_\_\_

Amount of monthly rent payment? \_\_\_\_\_

Payments on time? \_\_\_\_\_

Damage or noise complaints?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you rent to this tenant again? \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person filling out form  
\_\_\_\_\_