

APPLICATION FOR TENANCY



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PROP-UNIT CODE

APPLICATION FEE REC'D

- **APPLICATION FEE: \$25 PER NEW APPLICANT** (*Cash not accepted*)
 - NO APPLICATION FEE REQUIRED FOR RENEWING TENANT APPLICATIONS
- LANDLORD REQUIRES EACH ADULT APPLICANT, 18-YEARS OR OLDER, TO COMPLETE SEPARATE APPLICATIONS PROVIDING INDIVIDUAL INFORMATION AND INCOME
- APPLICATION REQUIRES CURRENT COPY OF U.S. STATE OR FEDERAL-ISSUED PHOTO ID
- RENT SHALL NOT EXCEED 40% OF THE TOTAL GROSS MONTHLY INCOME OF QUALIFYING APPLICANT(S) TO BE NAMED TENANT(S)
- LANDLORD'S RENTAL PROPERTIES DO NOT ALLOW PETS & ARE 100% NON-SMOKING
- IF NO SOCIAL SECURITY NUMBER ISSUED AND/OR NO CURRENT US ADDRESS PROVIDED, LANDLORD SHALL REQUIRE A COPY OF APPLICANT'S U.S. VISA
- LANDLORD ALLOWS ONE (1) REGISTERED VEHICLE PER LICENSED TENANT, NOT TO EXCEED TWO (2) VEHICLES PER RENTAL UNIT
- APPLICATION WILL BE DENIED IF INCOMPLETE, UNSIGNED, UNACCEPTABLE OR MISSING PHOTO ID, INSUFFICIENT INCOME, OR UNSATISFACTORY CREDIT AND/OR CRIMINAL BACKGROUND CHECK(S)
- ACCEPTANCE OF THIS APPLICATION BY LANDLORD SHALL NOT CONSTITUTE AN AGREEMENT TO LEASE A RENTAL UNIT, WITHOUT A SIGNED LEASE AGREEMENT

PLEASE COMPLETE THE FOLLOWING:

LEGAL NAME: _____
LAST FIRST MIDDLE

FORMER/MAIDEN NAME: _____ N/A
LAST FIRST MIDDLE

SOCIAL SECURITY #: _____ BIRTHDATE: _____
(If Social Security Number has not been issued, then copy of U.S. Visa is required) MM / DD / YYYY

DRIVER'S LICENSE # –OR– STATE IDENTIFICATION CARD #: _____ STATE ISSUED: _____

HOME #: _____ WORK #: _____

MOBILE #: _____ E-MAIL: _____

CURRENT ADDRESS (*No P.O. Boxes*): _____
STREET ADDRESS CITY STATE ZIP

NAME OF CURRENT LANDLORD: _____ PHONE #: _____

N/A – HOMEOWNER N/A – LIVING W/ FAMILY N/A – OTHER:

VEHICLE MAKE/MODEL: _____ COLOR: _____

LICENSE PLATE #: _____ STATE ISSUED: _____

EMERGENCY CONTACT: _____
(Someone not living with you) FIRST NAME LAST NAME RELATIONSHIP TO APPLICANT

ADDRESS: _____ PHONE #: _____
STREET ADDRESS CITY STATE ZIP

PLEASE LIST CURRENT EMPLOYMENT & INCOME SOURCES – DO NOT PROVIDE PAST EMPLOYMENT, OR EMPLOYMENT THAT WILL TERMINATE WHEN YOU MOVE

PRIMARY EMPLOYER: _____ TITLE/DEPT: _____

ADDRESS: _____

DATES EMPLOYED: _____ HOURS WORKED PER WEEK: _____ GROSS MONTHLY INCOME (*Before deductions*): \$ _____ per month

SECONDARY EMPLOYER: _____ TITLE/DEPT: _____

ADDRESS: _____

DATES EMPLOYED: _____ HOURS WORKED PER WEEK: _____ GROSS MONTHLY INCOME (*Before deductions*): \$ _____ per month

PLEASE LIST ANY ADDITIONAL NON-EMPLOYER INCOME SOURCES FOR LANDLORD TO CONSIDER

ATTENDING COLLEGE: N/A FULL-TIME PART-TIME LOANS/GRANTS/SCHOLARSHIPS RECEIVED:
 AMOUNT \$ _____ per semester

HOUSING ASSISTANCE: _____ ESTIMATED SUBSIDY AMOUNT: \$ _____ per month

NAME OF CASE WORKER: _____ PHONE #: _____

OTHER INCOME SOURCE(S): _____ AMOUNT: \$ _____ per month

ALL OTHER INTENDED RESIDENTS, INCLUDING MINORS UNDER 18-YEARS, MUST BE LISTED BELOW. INTENDED RESIDENTS 18-YEARS OF AGE OR OLDER MUST COMPLETE SEPARATE APPLICATIONS & PROVIDE CURRENT US STATE OR FEDERAL ISSUED PHOTO ID PLEASE BE ADVISED THAT RENTAL UNITS ARE SUBJECT TO OCCUPANCY LIMITS, SO PLEASE CHECK WITH LANDLORD BEFOREHAND

RESIDENT:		<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT
		18 YEARS OR OLDER?
RESIDENT:		<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT
		18 YEARS OR OLDER?
RESIDENT:		<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT
		18 YEARS OR OLDER?
RESIDENT:		<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT
		18 YEARS OR OLDER?
RESIDENT:		<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT
		18 YEARS OR OLDER?

PLEASE ANSWER THE FOLLOWING QUESTIONS:

DO YOU OR ANY INTENDED RESIDENTS SMOKE CIGARETTES OR OTHER SUCH PRODUCTS?
 YES NO IF "YES", PLEASE EXPLAIN: _____

DO YOU OWN A PET?
 YES NO IF "YES", WHAT KIND/BREED: _____ WEIGHT/SIZE OF PET: _____

ARE YOU CURRENTLY AN ILLEGAL USER AND/OR DISTRIBUTOR OF ANY CONTROLLED SUBSTANCE(S)?
 YES NO IF "YES", PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF, CHARGED WITH, PLED GUILTY TO, AND/OR RECEIVED DEFERRED JUDGMENT FOR: ANY FELONY; SERIOUS, OR AGGRAVATED MISDEMEANOR; OWI / DUI / DWI?
 YES NO IF "YES", PLEASE EXPLAIN ALL OFFENSES & DATES: _____
 INCLUDE ADDITIONAL PAGES IF NECESSARY

NEW APPLICANTS ONLY (RENEWING TENANTS MAY SKIP) – PLEASE ANSWER THE FOLLOWING QUESTIONS:

WHICH PROPERTY ARE YOU APPLYING FOR? _____ **HOW MANY BEDROOMS?** _____

WHAT DATE DO YOU WANT THE LEASE TO BEGIN? _____

WHAT IS YOUR REASON FOR MOVING? _____

HAVE YOU EVER PAID RENT MORE THAN ONE (1) WEEK LATE, OR HAVE YOU EVER BEEN EVICTED FROM A RENTAL PROPERTY?
 YES NO IF "YES", PLEASE EXPLAIN: _____

WERE YOU REFERRED BY ONE OF OUR CURRENT RESIDENTS?
 YES NO IF "YES", PLEASE LIST NAME & ADDRESS: _____

DO YOU HAVE A SECURITY FREEZE ON YOUR CREDIT FILE?
 YES NO IF "YES", PLEASE PROVIDE FROZEN ACCESS NUMBER: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND ANY FALSE, INCOMPLETE, OR INTENTIONALLY MISLEADING INFORMATION HEREON CAN RESULT IN THE REJECTION OF THIS APPLICATION, OR CANCELLATION OF MY LEASE EVEN AFTER IT HAS BEEN SIGNED.

I UNDERSTAND THAT ONCE SUBMITTED THIS APPLICATION BECOMES THE PROPERTY OF THE LANDLORD AND/OR PROPERTY MANAGER AND THAT ALL INFORMATION PROVIDED WILL BE HELD CONFIDENTIAL AND USED SOLEY FOR PURPOSES RELATED TO THE APPLICATION AND LEASING OF A RENTAL UNIT.

I AUTHORIZE LANDLORD, PROPERTY MANAGER AND/OR AUTHORIZED AGENT TO VERIFY THE INFORMATION PROVIDED ABOVE, INCLUDING WITHOUT LIMITATION THROUGH THE REFERENCES GIVEN, A CREDIT CHECK AND A CRIMINAL BACKGROUND CHECK. I UNDERSTAND THAT IF I FAIL TO PROVIDE A FROZEN ACCESS NUMBER OR OTHERWISE RELEASE ACCESS TO MY CREDIT FILE MY APPLICATION WILL BE UNABLE TO BE APPROVED, AND THAT TO PROCEED WITH THE APPLICATION PROCESS I WILL BE REQUIRED TO PROVIDE SUCH ACCESS AND TO PAY ANOTHER APPLICATION PROCESSING FEE TO RE-RUN MY CREDIT CHECK.

APPLICANT SIGNATURE: _____ DATE: _____