

APPLICATION FOR TENANCY



2401 Coral Court, Suite 1, Coralville, Iowa 52241
319.645.0088 | ICManagement@TheHawkeyeGroup.com

1850 E. 54th Street, Davenport, Iowa 52807
563.900.5515 | QCManagement@TheHawkeyeGroup.com

PROP-UNIT CODE
APPLICATION FEE REC'D

- **NON-REFUNDABLE APPLICATION PROCESSING FEE: \$35 PER NEW APPLICANT**
 - EXCEPTION: NO FEE REQUIRED FOR RENEWING TENANT APPLICATION
- EVERY APPLICANT 18-YEARS OR OLDER **MUST COMPLETE SEPARATE APPLICATIONS**
- APPLICATION REQUIRES CURRENT COPY OF US STATE OR FEDERAL-ISSUED PHOTO ID
- IF SOCIAL SECURITY NUMBER ISSUED AFTER JUNE 25, 2011 (*SSN RANDOMIZATION*), LANDLORD REQUIRES A COPY OF APPLICANT'S SOCIAL SECURITY CARD
- IF NO SOCIAL SECURITY NUMBER ISSUED AND/OR NO CURRENT US ADDRESS PROVIDED, LANDLORD SHALL REQUIRE A COPY OF APPLICANT'S US VISA
- MONTHLY RENT (OR TENANT'S RENT PORTION AFTER ANY HOUSING ASSISTANCE, IF ACCEPTED) SHALL NOT EXCEED 40% OF THE TOTAL GROSS MONTHLY INCOME OF ALL QUALIFYING APPLICANTS WITH APPROVED FICO CREDIT RISK SCORES
- APPLICATION MAY BE DENIED IF INCOMPLETE, UNSIGNED, UNACCEPTABLE, 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

PERSONAL INFORMATION

LEGAL NAME:

LAST	FIRST	MIDDLE
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FORMER / MAIDEN NAME:

LAST	FIRST	MIDDLE
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SOCIAL SECURITY NUMBER:
(OR ATTACH US VISA)

DRIVER'S LICENSE / STATE ID CARD #:

BIRTHDATE:

STATE ISSUED:

HOME #:

WORK #:

MOBILE #:

E-MAIL:

PRESENT ADDRESS (Street Address / City / State / ZIP - No PO Box):

RENTING? YES NO

PRESENT LANDLORD NAME:

PHONE #:

REASON FOR LEAVING: N/A - RENEWING

LENGTH OF TIME AT PRESENT ADDRESS:

EMERGENCY CONTACT (Someone NOT living with you):

RELATIONSHIP TO APPLICANT:

ADDRESS (Street Address / City / State / ZIP):

PHONE #:

VEHICLE INFORMATION

VEHICLE MAKE/MODEL:

COLOR:

LICENSE PLATE #:

STATE ISSUED:

EMPLOYMENT / INCOME PLEASE DO NOT INCLUDE EMPLOYMENT THAT WILL TERMINATE UPON RELOCATING

PRIMARY EMPLOYER:

TITLE/DEPT:

ADDRESS (Street Address / City / State / ZIP):

WORK REMOTELY

DATES EMPLOYED:

HOURS PER WEEK:

GROSS MONTHLY INCOME (before deductions):

\$ _____ per month

SECONDARY EMPLOYER:

TITLE/DEPT:

ADDRESS (Street Address / City / State / ZIP):

WORK REMOTELY

DATES EMPLOYED:

HOURS PER WEEK:

GROSS MONTHLY INCOME (before deductions):

\$ _____ per month

ATTENDING COLLEGE (Enter college name):

FULL-TIME PART-TIME N/A

LOANS/GRANTS/SCHOLARSHIPS RECEIVED:

\$ _____ per semester

OTHER INCOME SOURCE(S):

\$ _____ per month

OTHER INCOME SOURCE(S):

\$ _____ per month

OTHER INTENDED RESIDENTS		INCLUDING ALL MINORS UNDER 18-YEARS OF AGE	
RESIDENT:			
FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT	AGE
RESIDENT:			
FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT	AGE
RESIDENT:			
FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT	AGE
RESIDENT:			
FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT	AGE
RESIDENT:			
FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT	AGE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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: _____

DO YOU OR ANY INTENDED RESIDENTS SMOKE CIGARETTES OR OTHER SUCH PRODUCTS? PLEASE NOTE: PROPERTIES ARE 100% NON-SMOKING
 YES NO IF "YES", PLEASE EXPLAIN: _____

DO YOU OWN A PET? PLEASE NOTE: NOT ALL PROPERTIES ALLOW PETS – THOSE THAT DO REQUIRE A PET AGREEMENT, PET DEPOSIT & PET RENT
 YES NO IF "YES", WHAT KIND / BREED: _____ WEIGHT / SIZE OF PET: _____

DO YOU HAVE, OR PLAN TO ACQUIRE, AN ASSISTANCE ANIMAL? * SOMETIMES DESCRIBED AS A SERVICE ANIMAL OR EMOTIONAL SUPPORT ANIMAL
 PLEASE NOTE: REQUIRES PRIOR LANDLORD REVIEW & APPROVAL, SUBJECT TO WRITTEN CONFIRMATION FROM A LICENSED HEALTH CARE PROFESSIONAL THAT A RESIDENT HAS A DISABILITY, AND THAT THE ASSISTANCE ANIMAL WOULD ALLEVIATE ONE OR MORE SYMPTOMS OF THE DISABILITY.
 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 – PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

WHAT DATE DO YOU WANT THE LEASE TO BEGIN? _____

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:** _____