

APPLICATION FOR TENANCY



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PROP-UNIT CODE

APPLICATION FEE REC'D

- **NON-REFUNDABLE APPLICATION PROCESSING FEE: \$35 PER NEW APPLICANT**
 - CHECK OR MONEY ORDER ONLY; CASH / CREDIT CARD NOT ACCEPTED
 - EXCEPTION: NO FEE REQUIRED FOR RENEWING TENANT APPLICATION
- EVERY APPLICANT 18-YEARS OR OLDER MUST COMPLETE SEPARATE APPLICATIONS
- A COPY OF APPLICANT'S SOCIAL SECURITY CARD IS REQUIRED IF LANDLORD IS UNABLE TO VERIFY APPLICANT'S SOCIAL SECURITY NUMBER
- IF NO SOCIAL SECURITY NUMBER ISSUED AND/OR NO CURRENT U.S. ADDRESS PROVIDED, LANDLORD SHALL REQUIRE A COPY OF APPLICANT'S U.S. VISA
- A COPY OF A CURRENT U.S. FEDERAL OR U.S. STATE-ISSUED PHOTO ID IS REQUIRED AS PART OF THIS APPLICATION
- RENT 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

FORMER / MAIDEN NAME:

☐ N/A

LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER:
(OR ATTACH US VISA)

BIRTHDATE:

DRIVER'S LICENSE / STATE ID CARD #:

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:

LIST NAME OF 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:

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: _____

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: _____

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 / PROPERTY MANAGER AND THAT ALL INFORMATION PROVIDED WILL BE HELD CONFIDENTIAL AND USED SOLELY 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 ACCESS TO MY CREDIT FILE IS PROTECTED BY A FROZEN ACCESS NUMBER OR OTHERWISE SECURED, AND I FAIL TO PROVIDE ACCESS MY APPLICATION WILL BE UNABLE TO BE APPROVED, AND MY APPLICATION PROCESSING FEE WILL NOT BE REFUNDED.

APPLICANT SIGNATURE (If electronically-signed, signature must be UETA and E-Sign Act compliant) _____ **DATE** _____