



RESIDENTIAL LEASE APPLICATION

Indian Village Apartments
1215-7th Avenue, Camanche, Iowa 52730
563-259-1120 – Fax 563-259-0945

OFFICE USE ONLY
Date of Application
Property Address
Rental Amount

The undersigned hereby makes application to rent unit number _____ beginning on ____, 20__ at a monthly rent of \$_____ located at Indian Village Apartments in Camanche, Iowa.

APPLICANT INFORMATION

Full name:	Other Names Used:	Date of Birth:
Social Security Number:	Driver's License #	
Phone: ()	E-mail:	Cel ()
Vehicle year, make, and model	License Plate #	
Current Address	City	State Zip

APPLICANT EMPLOYMENT INFORMATION 2 YEAR HISTORY

(Check which applies) Employment: Full time Part Time Retired Unemployed

If employed less than 2 years, give previous employer on back.

Employer	Position
Employer address	Dates employed
Supervisor's name and phone number	
Wages/Salary \$	(check) <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other

SPOUSE/CO- APPLICANT INFORMATION

Full name:	Other Names Used:	Date of Birth:
Social Security Number:	Driver's License #	
Phone: Day ()	E-mail:	Cel ()
Vehicle year, make, and model:	License Plate #	
Current Address:	City:	State: Zip:

SPOUSE/CO-APPLICANT EMPLOYMENT INFORMATION 2 YEAR HISTORY

(Check which applies) Employment: Full time Part Time Retired Unemployed

If employed less than 2 years, give previous employer on back.

Employer:	Position:
Employer address:	Dates employed:
Supervisor's name and phone number:	
Wages/Salary \$	(check) <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other

OTHER OCCUPANT INFORMATION

Non-related parties must fill out separate application – List name, age and relationship of other persons, including children

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

EMERGENCY CONTACT INFORMATION		
In case of emergency please contact:		
Name	Address	
Phone: Day ()	Evening ()	Cell ()

I hereby place **\$10.00/per adult** non-refundable monies toward the application process fee, which is payment for the agents time and effort in processing my inquiry, including making necessary investigation of my credit, employment and character. At the time of submitting the application, I am aware that my security deposit is refundable if, for any reason, my application is not approved.

I hereby apply to lease the above described premises for the term and upon the condition herein set forth and agree that the rent is to be payable on the 1st day of each month. Possession of the premises will not be given until the following have been completed:

1. Application has been thoroughly checked and verified.
2. Copy received of photo id for each adult.
3. All monies due are paid in full (Security deposits, pet fees and rent).
4. All utility transfers are complete.

ANY EXCEPTIONS TO THE ABOVE MUST BE IN WRITING AND LISTED BELOW.

****** Any false information furnished on this application will automatically result in denial******

By signing this application, the applicant hereby authorizes Owner/Owner's Agent to verify all information herein, including but not limited to employment and salary information, criminal background check, and credit check, which includes obtaining a credit report and interviewing applicant's references and/or previous landlords. The applicant hereby consents to the credit check and authorizes any individual listed in this application to speak with Owner/Owner's Agent regarding applicants present and previous employer, verification of salary and credit performance. Applicant further releases any and all individuals who provide information to Owner//Owner's Agent from any and all claims which applicant may have resulting from information provided to Owner/Owner's Agents. The applicant also authorizes release of information based upon reliance's upon either photocopies of facsimiles of the authorization. I understand fully what has been stated in the above paragraphs, and hereby waive any claim for damages by reason of non-acceptance or failure to inter into a lease.

The above information is true and correct to the best of my knowledge.			
Signature of Applicant	Date	Signature of Spouse/Co-Applicant	Date
OFFICE USE ONLY			
Application Fee Paid _____ check/cash/m.o. # _____ (non-refundable)			
Applicant Deposit _____ check/cash/m.o. # _____ applied toward total security deposit in the amount of \$ _____ Monthly Rent \$ _____ Pet Fee \$ _____			
Unit Address _____ Lease Term _____			

