

Iowa Falls Rental Application
Jo Baumann, Riggs Manager
3615 Story St. Ames, IA 50014
515-290-9999

ADDRESS (To Be Rented): _____ Unit # _____ RENT: (New Lease, if renewal) _____
Deposit _____ LEASE Terms _____ to _____
FULL NAME _____ Name you prefer (nickname etc.): _____
_____ SOCIAL SECURITY # _____ CURRENT PHONE: _____
(H) _____ (W) _____
(Cell) _____ Email: _____
How Did You Hear About Our Property? _____

RESIDENCE HISTORY

PRESENT ADDRESS _____
RENT PER MONTH _____ HOW LONG HAVE YOU LIVED THERE? _____
OWNER OR MANAGER (RA) _____ PHONE _____
REASON FOR LEAVING _____
PREVIOUS LANDLORD (s): _____ PHONE: _____
PREVIOUS ADDRESSES: _____
Dates From: _____ To: _____
RENT PER MONTH: _____ REASON FOR LEAVING _____
Permanent Home Address: _____ Phone: _____

Street City/State Zip

EMPLOYMENT

EMPLOYED BY: _____ Phone _____
SUPERVISOR: _____ Salary _____
PREVIOUS EMPLOYER: _____ Phone _____

STUDENT STATUS

FRESH--SOPH--JUNIOR--SENIOR--GRAD STUDENT (Circle One) Major _____

FINANCIAL INFORMATION

YOUR BANK NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ BANK FAX # _____
BANK PHONE # _____ CHECKING ACCOUNT # _____
SAVINGS ACCOUNT # _____ LOAN ACCOUNT # _____
CURRENT _____ PAST _____

I authorize _____ (financial institution) to release information about my account/credit history which will facilitate my gaining approval to lease from Scott and Sheila Riggs.

SIGNATURE

PRINT YOUR NAME

DATE

-OVER -

Have you ever: Been sued for non-payment of rent? Yes ___ No ___

Declared Bankruptcy? Yes ___ No ___ Been Evicted or Asked to Move? Yes ___ No ___

Broken A Rental Agreement? Yes ___ No ___ Been sued for damage to rental property? Yes ___ No ___

COSIGN REQUIREMENTS

IN SOME INSTANCES A COSIGN IS REQUIRED. IF YOU ARE A COLLEGE STUDENT AND REQUIRED TO HAVE A COSIGNER CALL YOUR PARENTS TODAY TO TELL THEM YOU NEED A CO-SIGNATURE! WE WILL MAIL A COPY OF YOUR LEASE TO THEM TO BE COSIGNED. IF YOU DON'T WORK FULL TIME YOUR AGE DOESN'T MATTER.

OTHER PERTINENT INFORMATION

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted for use of a controlled substance? Yes _____ No _____

If the answer is yes to either of these questions, what state and county? _____

AUTOMOBILE (Year, Make, Color) _____

LICENSE PLATE# _____ COUNTY _____ STATE _____

NO WATERBEDS ALLOWED! DO YOU HAVE A: BICYCLE _____ MOTORCYCLE _____

Do you have RENTERS INSURANCE? _____: **Our Insurance does NOT cover you or your things! You must have RENTERS INSURANCE to sign a lease with us. We will need to have a copy of your policy and proof of payment.**

What insurance company do you use? _____

IN CASE OF EMERGENCY: (PARENT OR LEGAL GUARDIAN)

NAME: _____ Phone _____

(Work Phone) _____ Address _____ City _____ State _____ Zip _____

Rent must be paid by all roommates before anyone can get a key! All co signatures and proof of Rental Insurance must also be returned before a key will be issued. Your check must be received to make certain you can move in on time.

No Bicycles may be kept in the apartment unless a bike deposit of \$75.00 is paid! No Smoking in the Building!

RENTAL DEPOSIT \$ _____

BICYCLE DEPOSIT \$ _____

TOTAL DEPOSIT PAID \$ _____

I hereby deposit \$ _____ as earnest money to be refunded if this application is not accepted. Deposit checks will be cashed immediately upon receipt. If we spend time processing your rental application and you change your mind a processing fee will be deducted from your deposit. Once approved, I agree to execute a lease before possession is given. If a lease is NOT signed, the deposit will be withheld as damages. Upon signing of the lease, the deposit shall be retained as the security deposit. I certify that the above information is correct and authorize you to contact any references that I have listed.

Applicant's Signature

Date

Applicant's Signature

Date