

APPLICATION FOR TENANCY

Each adult applicant must provide photo ID; fully complete an application AFTER reading/agreeing to follow our rules. We collect as many applications as possible. We check references of ALL applicants. We do not rent to anyone to move in immediately. We must have ONE personal reference that has known you for three years and is NOT a relative. We do not automatically rent to the first applicant; we do rent to the first person who meets our criteria. We make our decision based on personal history you can control.

NAME OF APPLICANT _____ DATE _____

HOME PHONE _____ WORK PHONE _____

ADDRESS OF RENTAL UNIT YOU ARE APPLYING FOR _____

ARE YOU AT LEAST 18 YEARS OLD? YES _____ NO _____

NAMES AND RELATIONSHIP OF EVERYONE WHO WILL OCCUPY UNIT:

1. _____

2. _____

3. _____

4. _____

APPLICANT'S CURRENT ADDRESS _____

PRESENT LANDLORD _____

HOW LONG AT THIS ADDRESS? _____ RENT \$ _____ LANDLORD PHONE _____

CURRENT EMPLOYER _____

EMPLOYER'S PHONE _____ SUPERVISOR _____

JOB TITLE POSITION _____ HOW LONG EMPLOYED THERE? _____

OTHER INCOME SOURCE #1 _____ MONTHLY AMOUNT \$ _____

OTHER INCOME SOURCE #2 _____ MONTHLY AMOUNT \$ _____

HAVE YOUR RENT PAYMENTS EVER BEEN LATE? YES _____ NO _____

HAVE YOU EVER BEEN EVICTED? YES _____ NO _____

ARE YOU CURRENTLY AN ABUSED OF CONTROLLED SUBSTANCES? YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED OF ILLEGAL MANUFACTURE/DISTRIBUTION OF A CONTROLLED SUBSTANCE? YES_____ NO_____

ARE YOU ABLE TO MEET CONDITIONS OF TENANCY THAT APPLY TO ALL TENANTS? YES_____ NO_____ IF NO, WHO HELPS YOU? _____

DO YOU HAVE/EXPECT TO HAVE A WATERBED? YES_____ NO_____

DO YOU PLAN IN-RESIDENCE BUSINESS ACTIVITIES? YES_____ NO_____

IF SO, WHAT?_____

NUMBER OF VEHICLES_____

MAKE/MODEL #1_____ YEAR_____ LICENSE PLATE_____

MAKE/MODEL #2_____ YEAR_____ LICENSE PLATE_____

MAKE/MODEL #3_____ YEAR_____ LICENSE PLATE_____

REFERENCES

NON-RELATIVE REFERENCE_____ PHONE_____

EMERGENCY CONTACT_____ PHONE_____

NEAREST LIVING RELATIVE_____ PHONE_____

PLEASE SHARE ANY OTHER INFORMATION YOU FEEL MAY BE RELEVANT TO THIS APPLICATION IN OUR DECISION

PLEASE RETURN THIS APPLICATION TO:

TIM AND KRIS LATHAM

3414 BRANDYWINE ROAD

MASON CITY, IOWA 50401

641-423-2092 or 641-425-0363