

Apartments by Walters
RENTAL APPLICATION
EACH PERSON MUST FILL OUT AN APPLICATION

DESIRED MOVING DATE _____

HOW DID YOU LEARN ABOUT US -

Newspaper _____ Sign _____ Friend _____ Web _____ Other _____

FULL NAME _____ BIRTH DATE _____

PHONE NUMBERS: _____ / _____ / _____

(home)

(work)

(cell)

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____ STATE _____

PEOPLE TO LIVE WITH YOU

1. _____
full name relationship age

2. _____
full name relationship age

DO YOU HAVE PETS? _____ IF SO, DESCRIBE _____

DO YOU HAVE A WATER BED? _____

DO YOU SMOKE? _____

DO YOU HAVE RENTER'S INSURANCE? _____

RENTERS INSURANCE COMPANY? _____

PRESENT ADDRESS _____

NAME(S) ON LEASE _____

RENT \$ _____ / month FROM _____ TO _____

REASON FOR MOVING _____

OWNER/MANAGER _____ PHONE # _____

PREVIOUS ADDRESS _____

NAME(S) ON LEASE _____

RENT \$ _____ / month FROM _____ TO _____

REASON FOR MOVING _____

OWNER/MANAGER _____ PHONE # _____

PRESENT OCCUPATION _____

EMPLOYER AND LOCATION _____ PHONE # _____

SUPERVISOR'S NAME _____ PHONE # _____

DATES WORKED FROM _____ TO _____

PREVIOUS OCCUPATION _____

EMPLOYER AND LOCATION _____ PHONE # _____

SUPERVISOR'S NAME _____ PHONE # _____

DATES WORKED FROM _____ TO _____

CURRENT GROSS INCOME PER MONTH (before deductions) \$ _____

OTHER SOURCES OF INCOME OR ASSISTANCE \$ _____ per _____

AMOUNT OF CHILD SUPPORT/ALIMONY YOU PAY \$ _____ RECEIVE \$ _____

LIST SOURCES OF ASSISTANCE _____

ARE YOU A STUDENT? _____ SCHOOL NAME _____

CHECKING ACCOUNT BANK

name city state
SAVINGS ACCOUNT BANK

name city state

MAJOR CREDIT CARD _____ BALANCE OWED _____ PAYMENT _____
CREDIT REFERENCE _____
HAVE YOU EVER FILED FOR BANKRUPTCY? ___ HAVE YOU EVER BEEN EVICTED? ___
TOTAL NUMBER OF VEHICLE(S) _____ * NOTE: Only 2 vehicles per apartment allowed.

make model year color license plate # state

make model year color license plate # state

PERSONAL REFERENCE

name phone # address

EMERGENCY CONTACT

name phone # address

Have you been or are you presently an illegal user of a controlled substance? _____

I declare that the above statements are true and correct, and I hereby authorize verification of given references and a credit check.

X _____
signature date

PLEASE RETURN COMPLETED APPLICATIONS TO:

Kirk Walters
P.O. Box 137
North Liberty, IA 52317
Or fax to (319) 626-4542

*Note: If you have additional information, please use a separate sheet of paper and attach to this form.