

**IOWA MAINTENANCE & MANAGEMENT, LC**PO BOX 37248  
DES MOINES, IOWA 50315**TENANT APPLICATION****\$20 PER ADULT**  
non-refundable application fee.  
**(515) 953-6047**

Address to be rented:	Move in date:	Application Date:
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**List all persons to live in this unit:**

# of Person	* Last Name	First Name	Mid Intl	Social Security # of Each Adult	Date of Birth
1.					
2.					
3.					
4.					
5.					

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**List previous landlords:**

	Phone Number	Address Where You Lived including City, State, & Zip	Dates Lived There
<b>Current Landlord</b>			
Reason for moving			
<b>Past Landlord</b>			
Reason for moving			
<b>Past Landlord</b>			
Reason for moving			

**Please list one relative and one close friend:**

	Name	Address	Phone	Relationship
<b>Relative</b>				
<b>Friend</b>				
<b>Emergency #</b>				

**List the employer of EACH adult to live in the unit:**

* Employer Name	Gross Monthly Income	Name of person to contact	Employer Phone	How Long There
1.				
2.				
3.				
OTHER INCOME				

**Have you ever been evicted OR were in litigation with a landlord? If so, please explain.**

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**Have you ever been arrested? If so, please explain.**

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I/WE, THE UNDERSIGNED, HEREBY ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT THIS APPLICATION WILL CEASE TO BE CONSIDERED IF ANY OF THE INFORMATION IS FOUND TO BE FALSE OR INCORRECT. I/WE HEREBY AUTHORIZE IOWA M&M TO USE THE INFORMATION PROVIDED ABOVE AND FROM A CREDIT REPORT OBTAINED NOW OR IN THE FUTURE FOR THE PURPOSES OF RENTING AND COLLECTING RENT AND/OR BALANCES ON MY ACCOUNT. I/WE FURTHER RELEASE ANYONE FROM ANY LIABILITY FOR GIVING INFORMATION ABOUT MY/OUR BACKGROUND EVEN IF IT IS CONFIDENTIAL.

* ADULT SIGNATURE	DATE
2. ADULT SIGNATURE	DATE
3. ADULT SIGNATURE	DATE

## APPLICATION QUESTIONNAIRE

1. As long as we continue to meet your housing needs, how long do you plan to rent from us? \_\_\_\_\_
  
2. If you move into a house or duplex, are you willing and able to handle small maintenance, repair and yard work activity?    Yes    No    (Circle One Please)
  
3. What have your previous landlords done that made you angry or made you want to move?  
\_\_\_\_\_
  
4. Have you ever left a rental unit before the end of the lease or agreement or without giving your landlord a 30-day notice?    Yes    No
  
5. Have you ever been arrested for drugs, violence or theft?    Yes    No
  
6. Will you give us permission to do a credit check now and in the future for our business purposes?    Yes    No
  
7. Do you know of any reason that would prevent you from placing any utilities in your name?    Yes    No
  
7. Do you give us permission to contact references listed both now and in the future for business purpose?    Yes    No
  
8. Name the person most likely to co-sign with you if necessary.  
Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_
  
9. Do you foresee any other people (guest, visitors or roommates) living in or spending a significant amount of time in your home in the future?    Yes    No  
If yes, Name \_\_\_\_\_ Phone \_\_\_\_\_
  
10. Have you experienced any pest control issues at your current residence, or any residence in the last 3 years?    Yes    No  
If yes, please explain: \_\_\_\_\_
  
11. If we could change any one thing about the unit that you are applying for, what would it be?  
\_\_\_\_\_

**IOWA MAINTENANCE AND MANAGEMENT, LLC**

P.O. Box 37248 Des Moines, Iowa 50315

Phone: (515) 953-6047 Fax: (515) 953-2405

**Usted es responsable de este informacion. Si usted no puede leer inglés que que usted debe encontrar que alguien interpretar el espanol para usted.**

**RENTAL VERIFICATION (Please Print)**

Date: \_\_\_\_\_ 20 \_\_\_\_\_

I/We: \_\_\_\_\_ are applying for housing with Iowa Maintenance and Management. Would you please fill out this form and return it to the above fax number, or address at your earliest convenience? I/We release your from any and all liability for any answers you may give to the following questions.

Applicants Signature(s): \_\_\_\_\_

1. Dates the applicant rented: Start \_\_\_\_\_ End \_\_\_\_\_
2. Please list full names of every person(s) residing in the dwelling unit, including children:  
\_\_\_\_\_  
\_\_\_\_\_
3. Is there any person(s) not on the rental agreement who appear(s) (ed) to be spending a significant amount of time or residing in the units?  
\_\_\_\_\_
4. Was the resident considerate to other residents? \_\_\_\_\_
5. How many times have you delivered a 3-day notice to the resident due to late rent? \_\_\_\_\_
6. Rental rate per month? \_\_\_\_\_
7. What utilities were included in the rent? \_\_\_\_\_
8. Is the account paid in full to date? \_\_\_\_\_  
If not, how much arrears? \_\_\_\_\_
9. Was the lease or rental agreement broken? \_\_\_\_\_  
If so, please explain. \_\_\_\_\_
10. Did the resident leave the unit in good condition? \_\_\_\_\_
11. Was the security deposit used for any damages? \_\_\_\_\_ If so, how much? \_\_\_\_\_
12. Would you re-rent to this resident? \_\_\_\_\_
13. Other than rent, were there any violations of the rental agreement? \_\_\_\_\_  
If so, please explain. \_\_\_\_\_
14. Has proper 30-day notice been given to vacate? \_\_\_\_\_
15. Number of disturbances that you know the police were called. \_\_\_\_\_

Signature of person releasing information: \_\_\_\_\_

Position Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please fax this back to 515-953-2405 or call 515-953-6047. Thank you for your time.**

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**EMPLOYMENT VERIFICATION (Please Print)**

Date: \_\_\_\_\_ 20 \_\_\_\_\_

I, \_\_\_\_\_ have filled out an application for a rental property of Iowa Maintenance and Management. I would appreciate if you would take a few minutes of your time and fill out this verification form. Please fax or return this to Iowa Maintenance and Management at your earliest convenience.

I release you from any and all liability for any answers you may give to these questions listed below.

Signature of Applicant: \_\_\_\_\_

1. Dates of employment? Start \_\_\_\_\_ End \_\_\_\_\_

2. What is their job title? \_\_\_\_\_

3. Average number of hours worked per week? \_\_\_\_\_

4. Average hourly rate? \$ \_\_\_\_\_ (This is very important, it lets us know if they can afford the unit.)

5. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

Position Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please fax this back to 515-953-2405 or call 515-953-6047. Thank you for your time.**