

OFFICE USE ONLY

S.S. cards: _____
Dr. License: _____
Photo ID: _____

Tub/shwr combo: _____
Shower only: _____
Either: _____

Mobility accessible: _____
Not mobility handicap: _____
I.N.S. cards: _____

OFFICE USE ONLY

Date _____
Time _____

**RENTAL APPLICATION
LINWOOD APARTMENTS**

Applicants have the right to request a reasonable accommodation in order to participate in the application process. Applicants unable to communicate effectively are encouraged to bring a social worker, interpreter, or other agent to assist in the application process.

Head of House (First, Middle & Last) _____

Present Address _____ Apt # _____

City _____ State _____ Zip _____ Phone () _____

Do you own this home? _____ Do you pay lot rent? _____

M ___ F ___ * Social Security # _____ Birth date _____ Occupation _____

*Social Security #'s are required for an applicant to be placed on the wait list, prior to application processing.

U. S. Citizen? Yes or No (circle one) If not a US Citizen, what Nationality? _____

Are you a student? ___ yes ___ no If yes, full time (12 credit hours or more) ___ Part time (less than 12 credit hours)

Do you have a pet? ___ yes ___ no If yes, what type and how many? _____

FULL NAME OF OTHER ADULT TO LIVE IN THE HOUSEHOLD:

Spouse (First, middle & Last) _____

M ___ F ___ Social Security # _____ Birth Date _____ Occupation _____

U. S. Citizen? Yes or No (circle one) If not a US Citizen, what Nationality? _____

Have you or any household member lived in any other state than Iowa? No ___ If Yes which states: _____

RENTAL EXPERIENCE or HOME OWNERSHIP

PRESENT LANDLORD (Name of Complex) _____ Phone or Fax () _____

Landlord's Address _____ City _____ State _____ Zip _____

Date of Occupancy: From (M/Y) _____ to (M/Y) _____ Date Lease expires _____

Your previous address _____ Apt # _____

City _____ State _____ Zip _____

Previous landlord (Name of complex) _____ Phone or Fax () _____

Landlord's Address _____ City _____ State _____ Zip _____

Date of occupancy: From (M/Y) _____ to (M/Y) _____

Your previous address _____ Apt # _____

City _____ State _____ Zip _____

Previous Landlord (Name of complex) _____ Phone or fax () _____

Landlord's address _____ City _____ State _____ Zip _____

Date of occupancy: From (M/Y) _____ to (M/Y) _____

INCOME INFORMATION:

A. Income from employment(Gross earnings, commissions, fees, tips, estimated overtime, income from self-emp.)

APPLICANT (HEAD OF HOUSEHOLD)

ESTIMATED INCOME (Circle one)

Employer(Company name)_____ \$ _____ Week/Month/Year

Employer Address _____ City _____ State _____ Zip _____ Phone _____

Co-Applicant/ Spouse/Other Employed Household Member: (Circle One)

Employer (Company Name)_____ \$ _____ Week/Month/Year

Employer Address _____ City _____ State _____ Zip _____ Phone _____

B. INCOME FROM OTHER SOURCES (Public aid, unemployment, ins. benefits, military, child support & etc)

Source of income _____ Who receives it _____ Amount \$ _____ week/month

Source of income _____ Who receives it _____ Amount \$ _____ week/month

C. SOCIAL SECURITY & OTHER PENSION:

Gross Monthly Social Security Benefit \$ _____

Other Pension Income: Agency _____ Amount \$ _____ month

Other Pension Income: Agency _____ Amount \$ _____ month

Have you or any member of your family disposed of any assets for less than fair market value during the previous two (2) years?

Yes _____ No _____ If yes, explain _____

Are you asking for a Handicap Preference? _____ Yes _____ No **Mobility accessible?** _____ Yes _____ No

Have you or any member of your current household ever been convicted of a crime, placed on probation/parole, is there a current warrant for any members arrest? ___ Yes ___ No If yes, explain

Are you or any member of your current household involved in any illegal activities? ___ Yes ___ No If yes, explain

Do you or any member of your current household use or sell any illegal drugs? ___ Yes ___ No If yes, explain

Have you or any member of your current household ever been evicted or refused to pay rent or has your application been denied by another landlord? ___ Yes ___ No If yes, explain

Are you or any member of your household subject to a lifetime sex offender registration requirement in any State? ___ Yes ___ No

ASSET INFORMATION

A. Bank/Credit Union name _____

Address _____ City _____ State _____ Zip _____

Checking Savings CD's IRA Other
__Y __N __Y __N __Y __N __Y __N __Y __N

Current Balance \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

B. OTHER (Stocks, bonds, rental property, real estate, etc)

Description of Asset _____

Source to contact for verification _____

Address _____ City _____ State _____ Zip _____

Estimated value \$ _____ Annual Income from Asset \$ _____

ALLOWANCE INFORMATION (Attach a separate page if more room is required)

Elderly/Handicapped Households ONLY:

Name of Health Insurance Company(s) _____

Name of Life Insurance Company(s) _____

Name of Physician(s) _____

Name of Pharmacy(s) _____

I understand that no water-filled furniture will be allowed in the apartments.

I understand that this application is only to obtain preliminary information and does not constitute any agreement between the Owner/Management Agent and myself until a lease is signed.

I hereby state that no one in my household is a current user of a controlled substance and that no one in my household has ever been convicted of the illegal manufacture or distribution of a controlled substance.

I hereby authorize the Owner/Management Agent to conduct such credit and past history investigations as may be necessary to qualify me for an apartment and rent subsidy.

Date _____ Applicant _____

Applicant _____

PLEASE LIST BELOW THE NAME OF YOUR CLOSEST RELATIVE:

How did you hear about us?

NAME: _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE: _____

EQUAL HOUSING OPPORTUNITY

We do not discriminate against persons because of race, color, religion, sex of the applicant or tenant, familial status, Creed, handicap, age, national origin, sexual orientation or gender identity. We do not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in federally assisted programs and activities, except as permitted by HUD regulations.

I have read and understand this sheet.

Date: _____

Applicant (s) Signature: _____

Applicant's signature on this application authorizes management to check applicant' references including:

- Credit report
- Criminal report
- Income verification
- Employment and/or student verification
- Landlords or Program participation
- County courthouse records for Small Claims filed and housing judgments
- Law enforcement with jurisdiction over previous addresses
- Others as deemed pertinent from application

Federal Fair Housing Act Title VIII Section 804 [42 U.S.C.3604] (f) (6) (9), State Iowa Code Chapter 216.20b, Iowa's anti-discrimination law, and City of Cedar Rapids Municipal Ordinance Chapter 69.16(b)6F do not affect: "Tenancy of an individual that would constitute a direct threat to the health or safety of other individuals or tenancy that would result in substantial physical damage to the property of others."

Be advised that management will not:

1. Rent to persons who lie on their applications
2. Continue tenancy with persons who management later learns lied
3. Rent to applicants with or whose family includes persons with recent convictions for felonies and aggravated misdemeanors including illegal drug and alcohol related crimes and sex offenses
4. Continue tenancy with persons who are currently convicted for a felony or aggravated misdemeanor violations
5. Rent to, or continue to tenancy, with persons who entertain guests with recent convictions for felonies and aggravated misdemeanors
6. Rent to persons with a history/habit of poor credit
7. Continue tenancy with persons who disregard provisions of the rental agreement
8. Continue tenancy with persons who cause property damage/disturbances

Management considers *convictions* for felonies and aggravated misdemeanors such as this list unacceptable behavior/activity/involvement for tenants of this property:

- Assault/personal injury/domestic violence
- Prostitution/known sex offenders
- Criminal mischief/vandalism/property damage/arson/trespass
- Drug use/drug abuse/drug trafficking/drug manufacturing
- Child molestation/endangerment/neglect
- Breaking and entering/theft/burglary/robbery/possession stolen property
- Illegal possession/use/discharge of firearms/gun
- Stalking/kidnapping/rape/sexual abuse