



U.E.R.P.C. HOUSING INC. MANAGEMENT SERVICES
PO Box 219 · Postville, IA · 52162-0219
Phone: 563-864-7551 · Fax: 563-864-7535

RENTAL APPLICATION

PLEASE READ THIS INFORMATION CAREFULLY. IF YOUR APPLICATION IS INCOMPLETE OR ILLEGIBLE, PROCESSING WILL BE DELAYED! IF YOU ARE PLACED ON A WAIT LIST, YOUR APPLICATION MAY NOT BE PROCESSED UNTIL THERE IS AN APARTMENT OPENING.

For all persons 18 and older, a separate application must be filled out by each applicant, except for married couples. We do not allow anyone to move in immediately, nor do we automatically rent to the first applicant. Decisions are based on the information you and your references provide, not personal appearance.

Rental Unit Address: (Please circle) CALMAR POSTVILLE

Preferred Number of Bedrooms: (Please circle) 1 Bedroom 2 Bedroom

Preferred Move-In Date: _____

PERSONAL INFORMATION:

Name of Adult Household Member 1: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Driver's License No. _____ State: _____

Telephone #: _____ Email: _____

Name of Adult Household Member 2: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Driver's License No. _____ State: _____

Telephone #: _____ Email: _____

RENTAL HISTORY:

Current Landlord: _____ Phone Number: _____

Number of Years Rented: _____

Reason for Leaving: _____

EMPLOYMENT INFORMATION/SOURCE OF INCOME:

Employer: _____ Position: _____

Employer Contact: _____ Phone #: _____

OTHER OCCUPANTS OF UNIT:

NAME: _____ RELATIONSHIP TO YOU: _____

1) _____

2) _____

3) _____

4) _____

5) _____

VEHICLE INFORMATION:

Make & Model: _____ Year: _____ Color: _____

Plate #: _____ State: _____

Make & Model: _____ Year: _____ Color: _____

Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone #: _____

Relationship: _____ Address: _____

Email: _____

REFERENCES:

Please List the Names of three references that are not related to you or any other person(s) that will be on the lease.

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

PET POLICY

All properties do not allow pets. Written permission must be provided by landlord to have pet. Service Animals are allowed with proper permissions outlined in Lease.

OTHER INFORMATION

HAVE YOU EVER:

Been arrested and /or convicted for any reason concerning illegal drugs/alcohol? YES NO

Been arrested and / or convicted of or pleaded guilty or “no contest” to a felony? YES NO

Been arrested and / or convicted or pleaded guilty or “no contest” to a misdemeanor involving sexual misconduct? YES NO

Been served an eviction notice or been asked to vacate a property you were renting? YES NO

Willfully or intentionally refused to pay rent when due? YES NO

Explanation of any “YES” Responses: _____

This application is made with the understanding that it is subject to acceptance by the owner and subject to execution by said company and deliver of a lease covering said premises. No other persons than those listed will be authorized to occupy this apartment without the consent of the owner. Keys will not be given until the lease is signed, rent and security deposit is paid, and the apartment is ready for occupancy.

The undersigned represents that all information statements are true and complete and does authorize verification of information and referenced given. If any of the answers are found to be deliberately incorrect, any rental agreement becomes void and will be sufficient reason for eviction and loss of security deposit. The undersigned also authorizes verification of credit history and criminal records.

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE.

APPLICANT NUMBER 1 SIGNATURE: _____ DATE: _____

APPLICANT NUMBER 2 SIGNATURE: _____ DATE: _____