

Rental Application 4207 S.W. 9th, Des Moines, IA 50315 \$ 20 Application Fee/Person

Printed from website OFFICE: 276-7653 FAX: 280-1750 Houses@ RothHomesDSM.com

ONLY CLEAN & RESPONSIBLE PEOPLE WHO PAY RENT ON TIME MAY APPLY

RENTAL ADDRESS: _____ DATE: _____ PROPOSED MOVE IN DATE: _____

FULL LEGAL NAME _____ DOB _____ SSN _____
 AKA/MAIDEN NAME/S _____

ALL OCCUPANTS OVER THE AGE OF 18 MUST FILL OUT AN APPLICATION.
 GIVE NAME, BIRTH DATE AND RELATIONSHIP OF ALL PERSONS (OTHER THAN YOURSELF) WHO WILL OCCUPY THE HOME:

PHONE _____ CELL _____ EMAIL _____

CURRENT ADDRESS _____
 RENT/PAYMENT _____ LANDLORD _____ PHONE _____
 ____/____/____ TO ____/____/____ REASON FOR LEAVING _____
 Will they give a good reference? _____
 PREVIOUS ADDRESS _____
 RENT/PAYMENT _____ LANDLORD _____ PHONE _____
 ____/____/____ TO ____/____/____ REASON FOR LEAVING _____
 Will they give a good reference? _____

VEHICLE YR _____ MODEL _____ LIC. _____ STATE _____ COLOR _____
 VEHICLE YR _____ MODEL _____ LIC. _____ STATE _____ COLOR _____

EMPLOYMENT	TENANT	OTHER SOURCES OF INCOME
NAME OF TENANT		
PLACE OF EMPLOYMENT		
POSITION		
SUPERVISOR		
ADDRESS		
PHONE		
HOW LONG		
GROSS MONTHLY INCOME		

(All income s listed will require copies of the document stating the period of time covered and the amount.)

PREVIOUS EMPLOYMENT	TENANT	OTHER SOURCES OF INCOME
NAME OF TENANT		
PLACE OF EMPLOYMENT		
POSITION		
SUPERVISOR		
ADDRESS		
PHONE		
DATES		
REASON FOR LEAVING		

(Other income as listed will require two (2) copies of the document stating the period of time covered and the amount.)

List all credit obligations with minimum monthly payment: _____

REFERENCES

BANK _____ BRANCH _____ SAVINGS CHECKING

PERSONAL REFERENCES ADDRESS LENGTH OF ACQUAINTANCE PHONE

PERSONAL REFERENCES	ADDRESS	LENGTH OF ACQUAINTANCE	PHONE

NEAREST RELATIVE ADDRESS PHONE RELATIONSHIP TO WHOM

NEAREST RELATIVE	ADDRESS	PHONE	RELATIONSHIP	TO WHOM

ANSWER ALL THE FOLLOWING QUESTIONS

HAVE YOU EVER FILLED A PETITION OF BANKRUPTCY? _____ DATE _____

HOW MANY EVICTIONS (FEDs) HAVE BEEN FILED ON YOU? _____ DATES _____

HAVE YOU EVER WILLFULLY WITHHELD RENT WHEN DUE? _____ EXPLAIN. _____

HAVE YOU OR OTHER OCCUPANTS EVER BEEN CONVICTED OF A FELONY? _____ DATES _____

SHOULD YOU BE APPROVED WOULD YOU HAVE DEPOSIT AND RENT? _____

HOW LONG WOULD YOU EXPECT TO LIVE IN UNIT? _____

HAVE YOU HAD TROUBLE WITH PESTS (Roaches Bed Bugs mice etc) AT YOUR CURRENT/PAST RESIDENCES? _____

Explain _____

PETS? _____ How many _____ Type/Breed? _____ Age/ Weight _____

(We Prefer no pets!!!. If any pets are allowed you will need special permission, references, insurance and an additional fee and monthly charge will apply. Very limited size breed and type depending on home applying.)

RENT ASSISTANCE/PHA? _____ If yes what type? _____

HOW DID YOU HEAR ABOUT THE PROPERTY? DSM REGISTER / CURRENT TENANT / YARD SIGN / WEBSITE / FRIEND / CRAIGSLIST / APARTMENTS.COM / OTHER: _____

THIS FORM MUST BE COMPLETED IN FULL OR IT WILL NOT BE ACCEPTED. ALL PROPOSED OCCUPANTS OVER THE AGE OF 18 MUST COMPLETE ALL INFORMATION. PLEASE INCLUDE \$20 APPLICATION FEE, PROOF OF INCOME, AND A COPY OF YOUR ID.

I TESTIFY THAT ALL ABOVE STATEMENTS ARE TRUE AND CORRECT. I GIVE PERMISSION TO INVESTIGATE ALL INFORMATION AND ACCESS CREDIT AND OTHER REPORTS TO VERIFY WORTHINESS OF MY APPLICATION.

ANY FALSIFIED INFORMATION GIVEN WILL LEAD TO DISQUALIFICATION.

SIGNED _____ DATE _____

PLEASE INCLUDE ANY ADDITIONAL INFORMATON AT THE BOTTOM OF THIS FORM- ATTACH ADDITIONAL SHEETS AS NEEDED