

Date of Application: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Referred By: \_\_\_\_\_



PO Box 713, 2018 Hwy 169 North

Algona, Iowa 50511

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## RENTAL APPLICATION

**ALL UNITS REQUIRE A ONE YEAR LEASE, NO SMOKING & NO PETS**

**\*ONLY FULLY COMPLETED APPLICATIONS WILL BE PROCESSED\***

PREFERRED RENT RANGE: ☐ \$750+ ☐ \$800+ ☐ \$900 & ABOVE

### 1. PERSONAL INFORMATION

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ALL RESIDENTS THAT WOULD BE LIVING IN THE UNIT (INCLUDING MINORS):

FIRST NAME LAST NAME DATE OF BIRTH SOCIAL SECURITY NUMBER

HAS AN EVICTION, BANKRUPTCY OR MONEY JUDGEMENT BEEN FILED AGAINST YOU OR RESIDENTS? ☐ YES ☐ NO

HAVE YOU OR RESIDENTS EVER BEEN CONVICTED OF A SEX RELATED CRIME? ☐ YES ☐ NO

HAVE YOU OR RESIDENTS EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? ☐ YES ☐ NO

EXPLAIN 'YES' RESPONSES FULLY: \_\_\_\_\_

### 2. EMPLOYMENT INFORMATION:

(YOU ) EMPLOYED: ☐ FULL TIME ☐ PART TIME ☐ RETIRED ☐ STUDENT

EMPLOYER: \_\_\_\_\_

COMPANY NAME

COMPANY ADDRESS

COMPANY PHONE

POSITION HELD: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

(RESIDENT) EMPLOYED: ☐ FULL TIME ☐ PART TIME ☐ RETIRED ☐ STUDENT

EMPLOYER: \_\_\_\_\_

COMPANY NAME

COMPANY ADDRESS

COMPANY PHONE

POSITION HELD: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

### 3. RESIDENCE HISTORY:

a. CURRENT: \_\_\_\_\_

ADDRESS

CITY/STATE

LANDLORD

LANDLORD PHONE

CURRENT RENT

LEASE DATES

REASON FOR LEAVING

b. FORMER: \_\_\_\_\_

ADDRESS

CITY/STATE

LANDLORD

LANDLORD PHONE

RENT PAID

LEASE DATES

REASON FOR LEAVING

**CONTINUE ON REVERSE SIDE**

#### 4. CREDIT INFORMATION:

YOUR BANK NAME	BANK ADDRESS	BANK PHONE	BANK CONTACT	ACCOUNT TYPE
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RESIDENTS' BANK NAME	BANK ADDRESS	BANK PHONE	BANK CONTACT	ACCOUNT TYPE
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#### 5. REFERENCES:

FIRST NAME	LAST NAME	RELATIONSHIP	YEARS AQUAINTED	PHONE
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FIRST NAME	LAST NAME	RELATIONSHIP	YEARS AQUAINTED	PHONE
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#### 6. EMERGENCY CONTACT(S):

YOUR EMERGENCY CONTACT NAME	ADDRESS	CITY/STATE	PHONE	RELATIONSHIP
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RESIDENTS EMERGENCY CONTACT NAME	ADDRESS	CITY/STATE	PHONE	RELATIONSHIP
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#### 7. VEHICLE INFORMATION:

YEAR	MAKE	MODEL	COLOR	PLATE NUMBER	STATE	COUNTY
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YEAR	MAKE	MODEL	COLOR	PLATE NUMBER	STATE	COUNTY
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#### 8. OTHER INFORMATION:

a. SPECIAL CONDITIONS OR REQUESTS: \_\_\_\_\_

b. I (WE) HAVE SUFFICIENT FUNDS FOR SECURITY DEPOSIT & 1<sup>ST</sup> MONTHS RENT ☐ YES ☐ NO

c. **RENTAL APPLICATION FEE = \$40.** \$20 REDUCED FROM SECURITY DEPOSIT IF APPLICANT IS APPROVED AND SIGNS A LEASE AGREEMENT. FEE IS **NON-REFUNDABLE** FOR APPLICATIONS THAT ARE NOT APPROVED.

9. **AUTHORIZATION:** I certify that the above information is correct and authorize you to contact any references that I have listed and or obtain a credit report. I have also read and understand the attached rules & conditions and acknowledge receipt in writing of all items and understand that breaking such rules & conditions may be sufficient grounds for termination of tenancy by landlord. I also understand that information found incomplete, inaccurate or false on this application is grounds to terminate tenancy by landlord. If approved, I agree to execute a lease agreement within 7 days and submit the security deposit.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I Have Read & Agree to the Rental Rules & Conditions on the supplemental page.**