

RENTAL APPLICATION

Address of Unit you are applying to Rent: _____

Monthly Rent \$ _____ Deposit \$ _____

INCOMPLETE APPLICATION WILL NOT BE PROCESSED

Each adult (18 or older) must fill out a separate application.

First	Middle	Last	Birth Date	Social Security #	Driver's License #
Any Other Names You've Used In The Past			e-mail:		Home/Cell Phone
All Other Proposed Occupants				Birth Date	Relationship To Applicant

RENTAL/RESIDENCE HISTORY

	Current Residence	Previous Residence	Prior Residence
Street Address			
City			
State & Zip			
Last Rent Amount Paid			
Owner/Manager and Phone Number			
Reason for leaving			
Is/Was rent paid in full?			
Did you give notice?			
Were you asked to move?			
Name(s) in which your utilities are now billed:			
	From/To	From/To	From/To
Dates of Residency			

EMPLOYMENT HISTORY

	Current Employment	Previous Employment	Prior Employment
Employed By			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
Monthly Gross Pay			
	From/To	From/To	From/To
Dates of Employment			

CREDIT HISTORY

	Bank/Institution Name	Balance On Deposit or Balance Owed
Savings Account		
Checking Account		
Credit Card		
Auto Loan		

VEHICLES (Include vehicles belonging to other proposed occupants also)

Make	Model	Color	Year	License Plate

REFERENCES & EMERGENCY CONTACTS

	Non-Relative Reference	Nearest Living Relative	Emergency Contact
Name			
Street Address			
City			
State & Zip			
Phone Number			

By signing the application you grant us permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

GENERAL INFORMATION

Have you ever been served a late rent notice?	Does anyone living in the apartment smoke And if so are they able to smoke outside?	How long do you think you would be renting from us?
Have you ever filed for bankruptcy? If so, when?	When would you be able to move in?	Have you ever been convicted of a felony?
Have you ever been served an eviction notice? If so, when?	How many pets do you have (list Type, Breed, approx. Weight & Age)?	
Have you had any reoccurring problems with your current apartment or landlord? If yes, please explain:		
Have you ever experienced having bedbugs in the past and/or are you currently experiencing a bedbug problem where you are moving from? If yes please explain.		
Why are you moving from your current address?		
List any verifiable sources and amounts of income you wish to have considered (optional):		
If you were to run into financial difficulty in the future and couldn't come up with the money to pay the rent, do you know someone that would loan you the money? If so, provide the person's name, address, & phone # so that we can use them as a reference for you.		
Have you been a party to a lawsuit in the past? If yes, please explain why:		
We may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?		
How did you hear about this apartment?	Do you have an e-mail address we can reach you at?	
Do you know of anybody else looking for an apartment? Please provide their name and number. If you refer a friend and you each end up renting Separate apartments from us then we will pay you a referral reward.		

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. False information provided on this application may result in a fee of some or all of the holding deposit to cover admin cost and time.

Signature: _____

Date: _____

We collect as many applications as possible-We check references-We do not rent to anyone whose references we can't contact. In-complete applications are NOT processed-We do not rent to the 1st applicant we rent to BEST APPLICANT meeting requirements.

We make decisions based on Personal History-We may require a Co-signer

All Cook Homes are NO SMOKING-Deposit will be FORFEITED if Residents smoke in Units THIS APPLICATION CAN BE MAILED, FAXED OR DROPPED OFF

Cook Apartments / www.mycookhomes.com / phone or text: 563-594-5559

Please Fax to: 563-587-8889 or Email: Homesellsearchteam@gmail.com

Mail to: COOK Property 3500 Dodge Street. #149 Dbq, IA 52003 or **Drop off** at: 1338 Main Street Dbq., IA (just inside door in dropbox)



City of Dubuque

Prospective Tenant Background Check Consent Form

Last Name	First Name	Middle Name
Any Other Names Used	Phone Number(s)	
Date of Birth	Sex	Social Security Number

Current Address: _____

Three (3) Prior Addresses (Include City, State, Zip)

1. _____
2. _____
3. _____

► **Additional household members eighteen (18) years or older:** (Name, Date of Birth)

(Additional household members eighteen (18) years or older must also complete a Prospective Tenant Background Check Consent Form)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Number of household members under eighteen (18) years of age: _____

Have you been *convicted* of a felony or a serious or aggravated misdemeanor in the past five (5) years? _____

I hereby consent to the use of the above information to search my ***criminal history records***. I am of legal age and sign this as my own free act and deed. I understand what this document means and what I am agreeing to by signing it.

Signature	Date
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DISCLAIMER: This information is being provided at the request of Landlord, and in accordance with the written instructions of the individual to whom it relates, and Landlord agrees that the decision to rent is Landlord's SOLE decision. The city of Dubuque is not an agent of Landlord nor does it guarantee or warrant the character or suitability of a tenant. The city is simply providing information requested.

To be Completed by Landlord

RESULTS

Steve Cook / homesellsearchteam@gmail.com

Property Agent

Cook Apartments / 3500 Dodge St.

Name of Property

Property Address (Include Apt. #)

Number of Bedrooms in Unit	Fax #
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563-583-3783

Phone #	Date
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For Internal Use by City Only

Form Received by:	Date:	Check Completed by:	Date:
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Applicant: We need your signature only on this form (this gives us permission to contact your previous Landlord(s))

Signature of Applicant: _____

Date: _____

(I hereby consent by signing this form, that you have my permission to release information.)

Today's Date: _____ **Landlord Name:** _____ **Phone:** _____

YOUR LANDLORD FILLS THIS OUT...JUST NEED APPLICANTS SIGNATURE ABOVE

The individual listed below, has submitted a rental application with Cook Apartments. Please provide the information requested and fax this form back to our office. Thank you for your prompt response.

Name of Applicant: _____

(Prospective tenants name)

Current Tenant: Yes___ No___ Past Tenant: Yes___ No___

Move in Date: _____ Move out Date: _____

If NOT a current tenant, was proper notice given? Yes No

Was security deposit fully refunded? Yes No

If not, why? _____

Was the lease fulfilled? Yes No

Is there currently any past due owed on the tenant's account? Yes No

Has the tenant complied with all management policies? Yes No

If not, what was the non-compliance? _____

Was the rent frequently more than 3 days late? Yes No

Did you ever have to initiate written eviction notices? Yes No

If so, what were they for _____

Were there ever disturbances at the apartment? Yes No

Were the police involved? Yes No

Would you consider the tenants housekeeping ... Excellent ___ Good ___ Poor ___

Condition of premises at termination? _____

Has the resident ever had a bedbug or other pest infestation? Yes No Was it treated? Yes No

Would you rent to this tenant again? Yes No

Did you evict this tenant?

Are you related to this tenant? Yes___ No___ _____ (Cousin, sister, brother, nephew?)

Other Comments: _____

Signature of person completing this form

Printed Name

Phone Number: _____

Date Signed: _____

COOK APARTMENTS / www.mycookhomes.com / Phone: 563-594-5559
Please Fax Back to: 563-587-8889 or email: cookproperty@aol.com

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) _____ Date: _____

RE: _____ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ Date First Employed _____ No ___ Last Day of Employment _____

Current Wages/Salary: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from: ___/___/___ through: ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.