

J&M Associates

APPLICATION FOR TENANCY

Thank you for your interest in our apartments. In order to process your application in a timely manner, we ask that you provide answers to all applicable items below. We check references of all applicants and rent to those who have the best references. We make decisions based on living history, not personal appearances.

Property Address/Unit # Desired: _____ Iowa City, IA 52240 Apt. No. _____

How did you learn of this vacancy? _____

Desired date of occupancy? _____

Applicant's Full Name: _____ Today's Date: _____

Social Security #: _____ Driver's Lic. #: _____

Date of Birth: _____

Pets? If so, what? _____

Renter's Insurance? _____ Waterbed Insurance? _____

Name, relationship, and age of every person to live with you:

Last Rental Address:

Last Landlord: _____ Landlord tel. #: _____

How long? List dates: _____ Rent Amount: \$ _____

Reason for moving: _____

Previous address: _____

Previous Landlord: _____ Landlord tel. #: _____

How long? List dates: _____ Rent Amount: \$ _____

Reason for moving: _____

Employed by: _____ Telephone #: _____

Employer's Address: _____

Position held: _____ Supervisor: _____

Co-Resident's Employer: _____ How Long? _____

Employer's address: Telephone #: _____

Position held: _____ Supervisor: _____

Have you ever been evicted? _____

Have you been or are you presently an illegal abuser of any controlled substance? _____

Are you able to meet the requirements of tenancy? _____ if not, is someone going to help you? _____

Name/Address/Telephone of this person: _____

Bank Name: _____ Location: _____

Checking Account: _____ Savings Account? _____

Other References (include tel. #) i.e. former employer, doctor, lawyer, etc.: _____

Number of automobiles (including company cars):

Make: _____ Year: _____ Color: _____ Lic. #: _____ State: _____
Make: _____ Year: _____ Color: _____ Lic. #: _____ State: _____

Household income: \$ _____ per. _____

Source(s) of rent payments: _____

Parent's Name(s): _____

Address: _____

Telephone #: _____

In case of emergency, notify: _____

Relationship: _____

Address: _____

Telephone #: _____

No persons other than those specifically named on the Rental Agreement will be permitted to occupy the dwelling without consent of the Landlord. Acceptance of this application by the landlord shall not constitute a completed agreement to rent the premises. Both parties must also sign a formal written Rental Agreement. I declare that the statements above are true and correct.

I hereby authorize verification of references given and a credit check I further understand that I will be required to place a security deposit with this application or when a Lease is signed. The deposit will be refunded if a lease is not executed.

Applicant's Signature: _____

Date: _____

Telephone #: _____

Mail or deliver this application to:

Mr. Jalil Mostafavi

3541 Galway CT

Iowa City, IA 52246

Tel: (319) 358-7139

Fax:(319)358-7139

OFFICE USE ONLY:

Present Landlord: _____

Previous Landlord: _____

Employment: _____

Bank: _____

Other (specify): _____

Accepted/Rejected: _____

By: _____