

RENTAL APPLICATION FOR PRESTWICK APTS
4230 HICKORY LANE, SIOUX CITY IOWA 51106
PHONE: 712-274-0890 EMAIL: prestwickapts@gmail.com

APP RECEIVED: _____

DATE: _____ TIME: _____

Applicant Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Alternate # _____ Email: _____

How did you learn about the apartment? Please check all that apply:

____ Internet ____ Renter's Guide ____ Drive By ____ Other ____ Resident Referral

Referral's Name, Apt., and Phone number: _____

HOUSEHOLD COMPOSITION:

| FULL NAME | SEX | DATE OF BIRTH | SOCIAL SECURITY # |
|-----------|-----|---------------|-------------------|
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INCOME:

Employment: _____ Annual income: \$ _____ Member _____

Employer Name, Address and Fax Number: _____

Employment: _____ Annual income: \$ _____ Member _____

Employer Name, Address and Fax Number: _____

Child Support \$ _____ Alimony: \$ _____ Welfare or FIP \$ _____

Social Security: \$ _____ Member: _____

Social Security: \$ _____ Member: _____

Pension: \$ _____ Other income: \$ _____

ASSETS: CHECKING, SAVINGS, INVESTMENTS, STOCKS, BONDS, ANNUITIES, LOTTO WINNINGS, HOME/PROPERTY, BONUS, FINANCIAL GIFTS.

| Description of Asset Annual Income | Name of Financial Institution | Estimated Current Cash Value |
|---------------------------------------|-------------------------------|------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

CRIMINAL HISTORY: (Applies to All members of the Household)

1. Do you have any criminal history that would threaten the health and safety of other residents? Y/N
2. Are you a current user/ abuser of a controlled substance? Y/N
3. Have you ever been convicted of the illegal use, distribution, or manufacturing of a controlled substance? Y/N
4. Have you ever been convicted of a crime, or do you have a criminal record? Y/N
5. Have you ever been placed on probation or parole? Y/N
6. Is there a current warrant for your arrest, or are you currently involved in any criminal activity? Y/N
7. Are you required to register on any state or National Sex Offender Registries? Y/N

Please list all states that you have lived in the past 10 years: _____

Have you, your spouse or your co-applicant ever used different names from the name shown above? Y/N

If yes, list names and dates used: _____

Are you currently receiving HUD assistance for low-income housing? Y/N

If yes, please provide Landlord name, address and phone number: _____

Households where any member is disabled or mobility impaired, may qualify for an accessible unit. Please note here if you need a barrier free apartment or any other features/equipment.

Does anyone plan to live with you in the future that not listed on this application? Y/N

If yes please explain: _____

RENTAL HISTORY

List ALL Landlords within the past three years for all applicants 18 years of age and older, use an additional sheet of paper if necessary. Please let us know if they are family or if you are/ or were the owner of the property.

| Current Address | City, State & Zip | Landlord Name | Landlord Address | Landlord Phone or Fax # | Dates of Occupancy | Move Out Date |
|------------------|-------------------|---------------|------------------|-------------------------|--------------------|---------------|
| | | | | | | |
| Previous Address | City, State & Zip | Landlord Name | Landlord Address | Landlord Phone or Fax # | Dates of Occupancy | Move Out Date |
| | | | | | | |

Have you or your spouse/co-applicant ever been evicted or involuntarily removed from rental housing? Y/N

If yes, please explain: _____

IN THE CASE OF EMERGENCY

| Name: | Relationship | Telephone | Address |
|-------|--------------|-----------|---------|
| | | | |

APPLICANT'S AUTHORIZATION AND CERTIFICATION: I hereby authorize Midstates Development, Inc. or their agents to contact any or all references listed above including obtaining a credit report, criminal and sex offender information, and a search of public records. I understand that the information obtained from this contact will be considered in determining my eligibility for residency at the above-named property. This information shall be kept confidential. I certify that I have read, understand, answered and reviewed all the questions on the Application and Reference Statement. I certify that all answers are true to the best of my knowledge and that any representation of information will lead to cancellation/rejection of my application or immediate termination of my lease.

Date **Head of Household** **Date** **Spouse/Co-Tenant**

Date **Adult Co-Tenant**

Date **Property Manager**

This property is Professionally Managed by: Midstates Development, Inc. is an Equal Housing Opportunity provider and employer and doesn't discriminate on the basis of race, color, religion, creed, national origin, sex, age, familial status, disability, sexual orientation and gender identity.