

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 #

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.



615 5th Street - Sioux City IA 51101
712-258-3251
712-293-0787 Fax

LANDLORD REFERENCE FORM

RE: _____

ADDRESS: _____

Landlord Name: _____ Property Applying for: _____

The above reference person has applied for housing in one of our apartment communities. We ask for your cooperation in providing the following information and returning the completed form back to us. Your prompt response will ensure timely processing of the application for housing assistance. The applicant has consented to this release of information as shown below.

Address of Apartment Rented: _____ Occupancy: From: _____ to _____

Amount of current/previous rent \$ _____ Amount currently owing \$ _____

Is this person receiving any subsidy through HUD Section 8 or any other program? ____ Yes ____ No

Have/had you begun/completed eviction proceedings for non-payment? ____ Yes ____ No

Were rent payment habits satisfactory: ____ Yes ____ No

Damages beyond normal wear and tear: ____ Yes ____ No Was security deposit refunded: ____ Yes ____ No

Are (were) there any type of insect/pest infestation problems? ____ Yes ____ No

Were housekeeping habits satisfactory: ____ Yes ____ No Unauthorized guests/ pets? ____ Yes ____ No

Does (did) resident/family members/guests interfere with the rights/quiet enjoyment of others: ____ Yes ____ No

Any disturbances or violations during their occupancy? If yes, please explain ____ Yes ____ No

Has (had) resident/ family members guests acted in physically violent and/or verbally abusive manner towards neighbors, landlord, or landlord staff? ____ Yes ____ No

Would you rent to applicant again: ____ Yes ____ No

Comments on any of the above: _____

Signature & Title of Person Supplying Info

Phone #

Date

Written Name (Please Print)

Per Verbal conversation with

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

(X) _____
SIGNATURE OF APPLICANT

PLEASE RETURN BY: _____



EQUAL HOUSING OPPORTUNITY

