

Send completed application to: Bill Burke
PO Box 511
McGregor, IA 52157
or email scanned document to: justaskbill1@gmail.com

NAME _____ AGE _____
SOCIAL SECURITY NUMBER _____
PRESENT ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ HOW LONG _____ MARITAL
STATUS _____
Date of Birth _____
Email Address _____

SPOUSE'S OR CO-RESIDENT'S NAME _____
SPOUSE'S OR CO-RESIDENT'S AGE _____
SPOUSE'S OR CO-RESIDENTS SOCIAL SECURITY NUMBER _____

OTHER PERSONS WHO RESIDE WITH YOU

NAME _____ AGE _____
NAME _____ AGE _____
NAME _____ AGE _____
NAME _____ AGE _____ PET (Kind and
Weight)

PRESENT EMPLOYER _____
ADDRESS _____
CITY _____ STATE _____ TELEPHONE _____ HOW
LONG EMPLOYED _____
JOB TITLE _____
MONTHLY SALARY _____

PREVIOUS EMPLOYER _____
ADDRESS _____
CITY _____ STATE _____ TELEPHONE _____
HOW LONG EMPLOYED _____

SPOUSE'S OR CO-RESIDENT'S EMPLOYER _____
ADDRESS _____
CITY _____ STATE _____ TELEPHONE _____
HOW LONG EMPLOYED _____

DO YOU CURRENTLY RENT OR OWN RESIDENCE? _____
IF YOU CURRENTLY OWN RESIDENCE, NAME OF PRESENT
LIENHOLDER _____ ADD
RESS _____ TELEPHONE _____ IF YOU
CURRENTLY RENT, NAME OF LANDLORD _____

ADDRESS _____ TELEPHONE _____

PREVIOUS LANDLORD _____

ADDRESS _____ TELEPHONE _____

PREVIOUS LANDLORD _____

ADDRESS _____ TELEPHONE _____

AUTOMOBILE MAKE _____ COLOR _____
MODEL _____ YEAR _____ LICENSE NO. _____

AUTOMOBILE MAKE _____ COLOR _____
MODEL _____ YEAR _____ LICENSE NO. _____

OTHER LICENSED VEHICLES (campers, boats, RVs, etc.)

MAKE _____ COLOR _____
MODEL _____ YEAR _____ LICENSE NO. _____

MAKE _____ COLOR _____
MODEL _____ YEAR _____ LICENSE NO. _____

MOBILE HOME/MANUFACTURED HOUSING YEAR _____

MAKE _____ TITLE NO. _____

SERIAL/VIN NO. _____ MODEL _____ LENGTH _____

WIDTH _____

NAME OF SELLER _____

SELLER'S ADDRESS _____

LIENHOLDER _____

LEINHOLDER'S ADDRESS _____

BALANCE OWED _____

PRESENT LOCATION OF MOBILE HOME _____

PERSONAL REFERENCES _____

NAME _____ TELEPHONE _____

ADDRESS _____ RELATIONSHIP _____ NAM

E _____ TELEPHONE _____ ADDRESS

RELATIONSHIP _____

NAME OF BANK _____ ADDRESS _____

CHECKING ACCOUNT YES _____ NO _____

SAVINGS ACCOUNT YES _____ NO _____

INSTALLMENT LOAN YES _____ NO _____

NAME OF BANK _____ ADDRESS _____

CHECKING ACCOUNT YES _____ NO _____

SAVINGS ACCOUNT YES _____ NO _____

INSTALLMENT LOAN YES _____ NO _____

CREDIT CARDS

NAME _____ ADDRESS _____
NAME _____ ADDRESS _____
NAME _____ ADDRESS _____

NAME OF SOMEONE YOU KNOW RESIDING IN THE COMMUNITY _____ DATE
OCCUPANCY IS DESIRED _____

Have you ever been arrested on a charge involving the use of illegal drugs, substance abuse or any related charge? YES _____ NO _____. If yes, please indicate the date of arrest, the name of the arresting authority, the law violations with which you were charged and any other details of which you are aware.

Have you ever been convicted on a charge involving the use of illegal drugs, substance abuse or any related charge? YES _____ NO _____. If yes, please indicate the date of conviction, the court in which you were convicted, the law violations of which you were convicted and any other details of which you are aware.

Have you ever been convicted of a felony or aggravated misdemeanor?
YES _____ NO _____. If yes, please indicate the date of conviction, the court in which you were convicted, the violations of which you were convicted and any other details of which you are aware.

Have you ever been a defendant in a Forcible Entry and Detainer (eviction) action? YES ___ NO _____. If yes, give details of time and circumstances.

Have you ever been sued for rent? YES _____ NO _____. If yes, please explain the circumstances and outcome.

I HAVE READ THE RULES AND REGULATIONS OF THE COMMUNITY AND IF I AM A RESIDENT, I AGREE TO ABIDE BY THEM. FURTHERMORE, I REPRESENT THAT THE ABOVE INFORMATION CONTAINED IN THIS APPLICATION AND AGREEMENT IS TRUE

AND COMPLETE. I AUTHORIZE THE OWNER OF THE COMMUNITY, OR ITS AGENTS, TO VERIFY THE INFORMATION PROVIDED ABOVE, OBTAIN ADDITIONAL INFORMATION CONCERNING MY CREDIT STANDING AND TO FURNISH THE SAME TO OTHERS. IF IT EVER BECOMES NECESSARY FOR SERVICE OF PROCESS UPON ME, IN ADDITION TO ALL OTHER LAWFUL FORMS AND METHODS OF SERVICE, I HEREBY AUTHORIZE SERVICE OF PROCESS UPON ANY PERSON IDENTIFIED IN MY REGISTRATION FORM TO BE CONTACTED IN CASE OF EMERGENCY AND I AGREE THAT SUCH SERVICE SHALL BE DEEMED GOOD AND SUFFICIENT FOR ALL PURPOSES AS IF I HAD BEEN SERVED PERSONALLY. FINALLY, I AGREE THAT IF THERE IS A CHANGE IN ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION, I WILL NOTIFY THE LANDLORD OR MANAGER WITHIN TEN (10) DAYS OF SAID CHANGE. THE UNDERTAKINGS IN THIS AGREEMENT WILL CONTINUE EVEN AFTER THE EXECUTION OF A RENTAL AGREEMENT.

SIGNED _____
Applicant Date

SIGNED _____
Applicant Date