

## APPLICATION PROCEDURE

THE FOLLOWING INFORMATION IS A GUIDELINE TO HELP YOU FILL OUT THE ENCLOSED PAPERS

1. You must include the names of everyone who will live in the apartment, the **social security numbers** of each, and the **dates of birth**. The application must be signed by each adult applicant(s). (All adults occupying the apartment will be considered co-tenants at the time of Leasing.)
2. Please provide your present and past landlords and their address and phone number.
3. Please fill in your present and past employers.
4. Please furnish us with two (non-relative) reference letters if you have no present or past landlord history. Enclose these when you return the application.
5. Sign the REFERENCE SHEET
6. Sign the AUTHORIZATION SHEET

\*\*\*\*\***BEFORE YOU MAIL---CHECK THE FOLLOWING**\*\*\*\*\*

1. All information is legible and complete
2. The application, reference sheet, and authorization are signed by applicant and all adult co-applicant(s).
3. Social Security Numbers and Date of Births are included.
4. You must include your approximate annual income and expenses.

### OCCUPANCY GUIDELINES

Number of Bedrooms	Number of Adults Allowed	Number of Occupants Allowed
1	2	2
2	2	4
3	3	4

### **NOTICE**

APPLICATIONS WILL NOT BE PROCESSED IF ANY OF THE ABOVE INFORMATION IS MISSING. THEY WILL BE RETURNED UNTIL THE INFORMATION IS COMPLETED AS SPECIFIED.

**OVER PLEASE**

## GENERAL INFORMATION

All applicants must fill out the application for the apartment, the reference sheet, and the authorization sheet. All applicants may have their present and past landlords checked, present and previous employers checked, and credit report processed.

Any application may be rejected due to:

1. A history of unjustified and/or chronic nonpayment of rent and/or financial obligations.
2. A history of living or housekeeping habits that would pose a direct threat to the health and safety of other individual or whose tenancy would result in substantial physical damage to the property of others.
3. A history of disturbance of neighbors.
4. A history of violations of the terms of previous rental agreements, especially those resulting in eviction or termination.
5. Incomplete application or furnishing false information.

When rejection is based on information from a credit bureau, the source of the credit bureau report must be revealed to the applicant in accordance with the Fair Credit Reporting Act.

Rejection of applicants due to the following is prohibited:

1. Race, ethnicity, religious beliefs, sexual orientation, age, familial status, national origin, or disability status.
2. Families with children or uncertain parentage.
3. Tenants or tenant family members with AIDS.

**\*\*\*\*\*PLEASE NOTE\*\*\*\*\***

Bill Murphy, Management Agent, is a licensed Real Estate Broker Associate in the State of Iowa and Shareholder in ownership of Westown Place, LLC.



**\*\*\*\*\*NO SMOKING IS ALLOWED\*\*\*\*\***  
**\*\*\*\*\*NO PETS ARE ALLOWED\*\*\*\*\***  
**\*\*\*\*\*SECURITY DEPOSIT IS REQUIRED\*\*\*\*\***

**APPLICATION FOR APARTMENT**

COMPLEX NAME: Westtown Place, LLC

List all persons who will occupy the apartment:

**Total Number of Household Members (please circle): 1 2 3 4 5**

Household Member Name (Last, First, Middle Initial)	Date of Birth	Age	Social Security Number

Present Address	Street	City	State	Zip

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Reason For Moving? \_\_\_\_\_ Monthly Rent? \_\_\_\_\_

List ALL sources of income to the household:

Applicant's Income Source(s): \_\_\_\_\_

Estimated Annual Income: \$ \_\_\_\_\_

Co-Applicant's Income Source(s): \_\_\_\_\_

Estimated Annual Income: \$ \_\_\_\_\_

All Other Income Source(s): \_\_\_\_\_

Estimated Annual Income: \$ \_\_\_\_\_

Total Estimated Income: \$ \_\_\_\_\_

Child Care Expenses \$ \_\_\_\_\_ /Year

Medical Expenses after Insurance \$ \_\_\_\_\_ /Year

Are you interested in an ASSIGNED stall in the covered garage? YES NO

--Additional \$50.00 monthly fee applies--

Are you interested in an ASSIGNED storage unit in the covered garage? YES NO

--Additional \$25.00 monthly fee applies--

**OVER PLEASE**

I/We certify this apartment will be my/our permanent residence. I/We do not maintain a separate rental unit in a different location.

I/We possess capacity to enter into a legal contract.

I/We certify that the above information is true and complete to the best of my/our knowledge.

I/We authorize inquiries to be made to verify the statements above.

Date	Social Security	Applicant Signature
Date	Social Security	Applicant Signature
Date	Social Security	Applicant Signature

### REFERENCES

Thank you for your interest in Westown Place, LLC. We need the following information before we can complete your application.

Present Landlord: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Past Landlord: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Past Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Personal References (Non-Relative):

1	_____	_____	_____
	Name	Address	Telephone Number
2	_____	_____	_____
	Name	Address	Telephone Number

Where did you hear about our apartments?

____ Newspaper	____ Website/Internet
____ Posters	____ Social Services
____ Word of Mouth	____ Social Media
____ Other (Please List) _____	

**Do You Smoke?**      YES      NO      **(NO SMOKING ALLOWED)**

**Do You Have Pets?**      YES      NO      **(NO PETS ALLOWED)**

Please circle YES or NO as it applies to you. Please comment if necessary.

YES NO Have you ever been evicted? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

YES NO Have you or any member of your family been convicted of a felony? \_\_\_\_\_  
\_\_\_\_\_

YES NO Have you or any other household member been convicted of using, dealing, or  
manufacturing a controlled substance? \_\_\_\_\_

YES NO Have you or any other household member been charged with possession of drug  
paraphernalia? \_\_\_\_\_

YES NO Are you or any member of your household listed on the sex offender's registry? \_\_\_\_  
\_\_\_\_\_

YES NO Do you understand that if we discover any false or incomplete information on this  
application, that it is grounds for rejection of your application? \_\_\_\_\_  
\_\_\_\_\_

YES NO Do you further understand that if you become a tenant and we find that any  
information contained in this application was falsified, could be reason for  
eviction? \_\_\_\_\_

YES NO Do you understand that only those persons listed on the rental application may  
occupy the unit and that no one else can live in the unit without management  
approval? \_\_\_\_\_

**FAILURE TO FURNISH THE ABOVE INFORMATION IN A TIMELY MANNER IS GROUNDS  
FOR DENIAL OF APPLICATION.**

I hereby give my consent for the information sought by this letter to be released as requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OVER PLEASE**

## AUTHORIZATION

I hereby authorize Murphy Realty & Management, Inc. to order a consumer credit report and verify any other credit or utility information if applicable, including past and present landlord references. I authorize Murphy Realty & Management, Inc. to do a criminal background history check in the state of Iowa and all other states that I have lived in.

I hereby authorize Murphy Realty & Management, Inc. to obtain verification of my past and present employment earning records, bank accounts, and any other asset balances that are needed to process my apartment application.

I further consent to Murphy Realty & Management, Inc. releasing income and/or wage matching data, and asset information to Iowa Finance Authority and City of Forest City for their review if requested.

The information Murphy Realty & Management, Inc. obtains is only to be used in the processing of my application for an apartment and cannot be released without this written permission. It is understood that a photocopy of this form will also serve as authorization.

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Applicant/Tenant Date

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Applicant/Tenant Date

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Applicant/Tenant Date

**Return To:**

Murphy Realty & Management, Inc.

P.O. Box 476

Algona, IA 50511

Phone: 515-295-2927

FAX: 515-295-5946

e-mail: [murphyenterprises@netamumail.com](mailto:murphyenterprises@netamumail.com)