

Gaffey Apartments
237 Scott CT.
Iowa City, IA 52245
Phone: 319-358-0111 fax: 319-358-8693
www.gaffeyapartments.com

Rcvd: _____
AppFee pd: YES NO
By: CHECK CASH MO

RENTAL APPLICATION
A \$40 NON-REFUNDABLE APPLICATION FEE IS REQUIRED FOR PROCESSING

PLEASE READ THIS INFORMATION CAREFULLY. IF YOUR APPLICATION IS INCOMPLETE OR ILLEGIBLE,
PROCESSING WILL BE DELAYED!

A separate application must be filled out by each applicant, except for married couples. We do not allow anyone to move in immediately, nor do we automatically rent to the first applicant. We rent to the applicant with the best credit and rental history. Decisions are based on the information you and your references provide, not personal appearance. We reserve the right to require a co-signer.

Rental Unit Applied for : _____ Preferred Move-In Date: _____

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____
Social Security Number: _____ Driver's License Number: _____ State: _____
Cell phone #: _____ Email: _____

RENTAL HISTORY:

Current Address: _____
City: _____ State: _____ Zip: _____ How long at present address? _____
Current Landlord: _____ Phone #: _____
Reason for leaving: _____

Prior Address: _____
City: _____ State: _____ Zip: _____ How long at prior address? _____
Prior Landlord: _____ Phone#: _____
Reason for leaving? _____

EMPLOYMENT INFORMATION.SOUCE OF INCOME:

Employer: _____ Position: _____ How long? _____
Monthly Income: \$ _____ Person to Contact: _____ Phone: _____
Additional Income Source & Amount: _____

Other Occupants of Unit:

All non-married adults must fill out separate applications. List below others you will be living with in the unit applied for:

<u>NAME:</u>	<u>Relationship to you:</u>	<u>Birthdate:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

VEHICLE INFORMATION:

Make & Model: _____ Year: _____ Color: _____ Plate# _____ State: _____

Emergency Contact Information:

Name: _____ Phone #: _____ Relationship: _____

Address/City/State/Zip: _____

Work Phone#: _____ Email: _____

Pet Policy:

Not all properties allow pets. Written permission must be given by Gaffey Apartments in order to have a pet. Gaffey has a non-refundable, non-negotiable monthly pet fee of \$25 per pet and \$200 non-refundable pet deposit. The pet policy may change at any time at Gaffey's discretion. Applicant must confirm with Gaffey, prior to applying, regarding whether a property allows pets & how many and/or what types are allowed.

Number of pets: _____ Type of pet (s): _____

OTHER INFORMATION:

HAVE YOU EVER:

Been arrested and/or convicted for any reason concerning illegal drugs/alcohol? YES NO

Been arrested and/or convicted of or pleaded guilty or "no contest" to a felony? YES NO

Been arrested and/or convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct? YES NO

Been served an eviction notice or been asked to vacate a property you are renting? YES NO

Willfully or intentionally refused to pay rent when due? YES NO

Filed Bankruptcy? YES NO

*If yes to any of the above questions please attach a written explanation.

Have you given your landlord thirty days written notice? YES NO

Do you smoke? YES NO

Do you have a waterbed? YES NO

How were you referred to us? _____

Applicant has herewith, or will prior to move in, deposited the sum of \$ _____, receipt of which is hereby acknowledged as a non-interest bearing deposit, and not as a rental payment, to be refunded as hereinafter provided if the lease agreement is consummated. Provided, however, that in the event the application is approved, and applicant fails or refuses to enter into the contemplated lease with the owner, then applicant agrees to forfeit the said deposit as liquidated damages to cover the cost of taking and of processing this application, reservation and preparation of the apartment, and the loss of rental income to owners. If, however, in the event this lease agreement is not consummated, is disapproved or for other reason for which owner is responsible, the deposit will be returned to applicant.

This application is made with the understanding that it is subject to acceptance by the owner and subject to execution by said company and delivery of a lease covering said premises. No other persons than those listed will be authorized to occupy this apartment without consent of the owner and an appropriate adjustment in the rent. Keys will not be given until lease is signed, rent & security deposit is paid, all applicable utilities are in tenant's name and apartment is ready for occupancy.

The undersigned represents that all information statements are true and complete, and does authorize verification of information and references given. If any of the answers are found to be deliberately incorrect, any rental agreement becomes void and will be sufficient reason for eviction and loss of security deposit. The undersigned also authorizes verification of credit history and criminal records.

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE.

APPLICATION SIGNATURE _____ DATE: _____

GAFFEY APARTMENTS
237 SCOTT COURT
IOWA CITY, IA 52245
319/358-0111
319/358-8693

rcvd: _____

CO-SIGNER FORM

By signing this form, Co-signer authorizes Gaffey Apartment to perform a credit check or background check, if necessary. Co-signer forms are accepted at Gaffey Aparments discretion, and a co-signer form does not in any way guarantee an applicant a rental unit. Failure to fully complete a requested co-signer form may result in Gaffey Apartment's refusing a rental application.

CO-SIGNER INFORMATION

Please print legibly:

Full Name: _____
Date of Birth: _____ Social Security #: _____ - _____ - _____
Home phone #: _____ Cell phone#: _____
Address: _____
City: _____ State: _____ Phone#: _____
Employer: _____ Work Phone #: _____

CO-SIGNING FOR:

Name (s): _____
Unit applied for: _____

It is here by agreed that the aforementioned Co-signer will assume any and all responsibilities and/or obligations of the Leaseholder's share of expenses if the Leaseholder cannot or will not oblige. This Co-signer Agreement will remain in force throughout the entire term of the Leaseholder's tenancy, even if the tenancy is extended and/or changed in its terms.

Cosigner Signature: _____ Date: _____