

10th Street Lofts
APPLICATION FOR HOUSING
 Equal Housing Opportunity

Date Received: _____ **Time Received:** _____
Unit Requested: _____ **Move in Date:** _____

APPLICATION FOR HOUSING
Equal Housing Opportunity

This application must be completed and returned with a \$ 25.00 per person non-refundable application processing fee. Also enclose copies of all social security cards and driver's licenses.				
Applicant Name: _____				
Last	MI	First		
Any other names you have been known by: _____				
Co-Applicant Name: _____				
Last	MI	First		
Current Address: _____				
City: _____		State: _____		Zip Code: _____
Mobile Tel # _____		Home Tel #: _____		
		Work Tel # _____		
Email address _____				

All co-applicants, age 18 or older, other than spouse, are required to complete a separate application. No more than 2 occupants over age 18 per unit. No occupants less than age 18 in units less than 900 square feet. No more than 2 occupants less than age 18 in units 900 square feet and greater.

Any applicant, who purposefully falsified, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.

Household Composition

Complete, in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head.

Member Full Name	Relationship	Birth Date	Driver's License # - State	Social Security #
	HEAD			
	Co-applicant			

QUESTIONS – Please answer all of the following questions: Use back for extra space

- Have you or anyone named on this application ever been convicted of a crime other than a simple misdemeanor (i.e., traffic ticket, etc)? _____ if yes, explain _____
- Have you ever been evicted? _____ If so, explain _____
- Have you ever received a written notice for nonpayment of rent? If yes, explain _____
- Does your household have a pet? _____
- How did you select our community? Drive by ___ Referral ___ Newspaper ___ Other _____
- If referred by someone please indicate name _____



Equal Opportunity Provider



CURRENT HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long have you resided at your current address? _____ Rent? \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long did you reside at this address? _____ Rent? \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long did you reside at this address? _____ Rent? \$ _____

HOUSEHOLD INCOME INFORMATION

All information will be verified by a third party

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment. If a household member has more than one source of income, use a separate line for each source.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1	Wages, salaries (includes overtime, tips, bonuses, commissions, self-Employment)?			\$
2	Does any member work for someone who pays him/her cash?			\$
3	Regular pay for a member of the armed forces?			\$
4	Welfare or disability benefits (AFDC, SS, GA)?			\$
5	Worker's Compensation?			\$
6	Unemployment benefits or Severance pay?			\$
7	Child Support?			\$
8	Alimony?			\$
9	Education grants, scholarships or VA student benefits?			\$
10	Social Security Payments?			\$
11	Pensions (PERA, railroad, etc.)?			\$
12	Death Benefits?			\$
13	Retirements Benefits?			\$
14	Annuities or life insurance dividends?			\$
15	Lump sum payments (include inheritance, insurance settlements, lottery winnings, etc)			\$
16	Net income from rental property?			\$
17	Regular cash contributions or gifts from individuals not living in the unit?			\$
18	Other, (list)?			\$

SOURCE OF INCOME

Question #	Family Member	SOURCE (S) OF INCOME NAMES, ADDRESSES & PHONE NUMBERS (I.e. employers, public assistance office, social security, pension fund, etc.)

EMERGENCY CONTACT NUMBER

In case of emergency the following person(s) should be contacted:

Name _____ Phone # _____ Alt. Phone # _____

Name _____ Phone # _____ Alt. Phone # _____

Applicant(s) hereby understand and represent that (1) this application is complete and contains all material facts; and (2) if applicant(s) rent an apartment/town home such rental may be canceled in the event that any statement or information furnished by the applicant is false.

Applicants below also authorize 10th Street Lofts, its subsidiaries, or its managing agent to investigate their rental history. The investigation may include, but is not limited to, the questions on our Landlord Reference Check Form.

All household members age 18 or older must sign below:

Applicant Signature _____ **Date** _____

Applicant Signature _____ **Date** _____

Vehicle Information:

 Make Model Year License Number & State

 Make Model Year License Number & State

AUTHORIZATION FOR RELEASE OF INFORMATION FORM

Top Section to be completed by 10th Street Lofts

TO: (Name and address) _____ DATE: _____

PHONE _____

FAX _____

Applicant/Participant Name: _____ Social Security # _____

The individual named directly above is an applicant/tenant of the 10th Street Lofts Apartments. The Owner requires that we verify income, employment and assets to establish ability to pay rent. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____
Project Owner/Management Agent

Return to:
Leasing Manager
10th Street Lofts
112 10th Street
Des Moines, Iowa 50309
515-288-4895
1-312-276-4744 - fax

Completed by Prospective Tenant

AUTHORIZATION:

I/We hereby authorize 10th Street Lofts, to obtain a consumer credit report and/or investigation report on myself consisting of but not limited to, income, assets, employment, rental history, personal identity, student status, medical or child care allowance, motor vehicle records, criminal scan, bad check and driver's license verification. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Resident Signature Date Social Security Number(s)

Applicant/Resident Signature Date Social Security Number(s)

TERMS AND CONDITIONS:

The above named organization, its subsidiaries or managing agents may obtain information regarding my consumer credit report, income, household status, employment, and rental history for purposes of determining my eligibility for renting an apartment at 10th Street Lofts. The rental history investigation may include but not be limited to the questions on our Landlord Reference Check Form and applicant consents to allow owner/agent to disclose rental history to previous or subsequent owners/agents.

The information obtained will only be used for determining eligibility and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.

This institution is an equal opportunity provider.