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EACH ADULT MUST FULLY COMPLETE AN APPLICATION & MUST READ OUR RULES. WE COLLECT AS MANY APPLICATIONS AS POSSIBLE. WE CHECK REFERENCES FOR ALL APPLICANTS. WE DO NOT RENT TO ANYONE WHOSE REFERENCES WE CAN'T CONTACT. WE DO NOT ALLOW ANYONE TO MOVE IN IMMEDIATELY. WE REQUIRE ONE PERSONAL NON-RELATIVE REFERENCE WHO HAS KNOWN YOU FOR 3 YEARS. WE DO NOT JUST RENT TO THE 1ST APPLICANT, WE RENT TO THE BEST APPLICANT. WE MAKE DECISIONS BASED ON PERSONAL HISTORY, NOT PERSONAL APPEARANCE. WE REQUIRE PHOTO ID. WE MAY REQUIRE A CO-SIGNER.

HOW DID YOU LEARN OF THE VACANCY: _____ NEWSPAPER _____ CALLED OFFICE _____ REFERENCE (NAME) _____
NAME: _____ NAME: _____ ARE YOU 18 YEARS OF AGE? ___ YES ___ NO
ADDRESS OF UNIT: _____ POSSESSION DATE: _____ CO-TENANT(S): _____
RENT: \$ _____ DEPOSIT: \$ _____ HOME PHONE: _____ PHONE # LISTED AS: _____ WORK PHONE: _____

FIRST NAME, LAST NAME AND MIDDLE INITIAL AND RELATIONSHIPS OF EVERYONE WHO WILL OCCUPY DWELLING AND AGES OF MINORS:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

ARE YOU ON SECTION 8? ___ YES ___ NO IF YES, HOW LONG ON THE PROGRAM?: _____
HAVE YOU GIVEN YOUR PRESENT LANDLORD WRITING 30-DAY NOTICE? ___ YES ___ NO BE PREPARED TO PROVIDE US WITH A COPY OF THE NOTICE
WHAT IS YOUR DEADLINE MOVE-OUT DATE FROM YOUR PRESENT ADDRESS? _____

SS#: _____ DRIVER'S LICENSE #: _____ EXP. DATE: _____ STATE: _____

PRESENT ADDRESS: _____ PRESENT LANDLORD: _____ PHONE: _____

DATES OF OCCUPANCY: _____ - _____ RENT: \$ _____ REASON FOR MOVING?: _____

PREVIOUS ADDRESS: _____ PREVIOUS LANDLORD: _____ PHONE: _____

DATES OF OCCUPANCY: _____ - _____ RENT: \$ _____ REASON FOR MOVING?: _____

WE REQUIRE ALL OF YOUR ADDRESSES, LANDLORDS, AND EMPLOYERS FOR PAST 3 YEARS. USE THE BACK OF THE FORM IF NEEDED.

PRESENT OCCUPATION: _____ EMPLOYER & ADDRESS: _____ PHONE: _____

EMPLOYMENT DATES: _____ - _____ SHIFT: ___ DAY ___ NIGHT SUPERVISOR'S NAME: _____

ARE YOU SUBJECT TO TRANSFER: _____

INCOME SOURCE #1: _____ MONTHLY: \$ _____ HOW LONG: _____

INCOME SOURCE #2: _____ MONTHLY: \$ _____ HOW LONG: _____

CREDIT REFERENCE(S) _____ BALANCE OWED: _____ MONTHLY PAYMENT: _____

BANK AND ADDRESS: _____ CHECKING ACCOUNT #: _____ SAVINGS ACCOUNT #: _____

HAVE YOU EVER BEEN LATE ON RENT PAYMENTS? ___ YES ___ NO HAVE YOU EVER BEEN EVICTED? ___ YES ___ NO

IF YES TO EITHER, EXPLAIN: _____

HAVE YOU BEEN OR ARE YOU PRESENTLY AN ILLEGAL ABUSER OR ADDICT OF ANY CONTROLLED SUBSTANCE? ___ YES ___ NO

HAVE YOU EVER BEEN CONVICTED OF THE ILLEGAL MANUFACTURE, POSSESSION, OR DISTRIBUTION OF A CONTROLLED SUBSTANCE? ___ YES ___ NO

ARE YOU ABLE TO MEET THE REQUIREMENTS OF TENANCY? ___ YES ___ NO IF NOT, DO YOU HAVE SOMEONE WHO CAN HELP YOU? ___ YES ___ NO

CAN YOU OBTAIN A CO-SIGNER? ___ YES ___ NO

DO YOU HAVE OR EXPECT TO HAVE ANY PETS? ___ YES ___ NO IF YES, WHAT? _____ DO YOU OWN ANY WATERBEDS? ___ YES ___ NO

WHICH OF THESE UTILITIES ARE PRESENTLY IN YOUR NAME? ___ WATER ___ SEWER ___ GARBAGE ___ GAS ___ ELECTRICITY ___ NONE

WHICH OF THE FOLLOWING EQUIPMENT DO YOU OWN? ___ VACUUM CLEANER ___ LAWN MOWER ___ SNOW SHOVEL ___ SPONGE MOP

CAN YOU READ? ___ DID YOU COMPLETE THIS APPLICATION YOURSELF? ___ IF NOT, WHO DID? _____

MAKE/MODEL/YEAR VEHICLE #1: _____ MAKE/MODEL/YEAR VEHICLE #2: _____

LOCAL NON-RELATIVE WHO HAS KNOWN YOU AT LEAST 3 YEARS:

NAME: _____ ADDRESS: _____ PHONE #: _____

NAME OF NEAREST LIVING RELATIVE:

NAME: _____ ADDRESS: _____ PHONE #: _____

NAME OF PERSON TO CONTACT IN EMERGENCY:

NAME: _____ ADDRESS: _____ PHONE #: _____

I AUTHORIZE INFORMATION TO BE CHECKED FOR VERIFICATION. IF ANY OF THE ABOVE ANSWERS ARE FOUND TO BE INCORRECT, ANY RENTAL AGREEMENT BECOMES VOID AND WILL BE SUFFICIENT REASON FOR EVICTION AND LOSS OF SECURITY DEPOSIT. I ALSO AUTHORIZE VERIFICATION OF EMPLOYMENT, BANK ACCOUNTS, CREDIT HISTORY, AND RENTAL HISTORY. I DECLARE THAT MY RENTAL HISTORY AND CREDIT RECORDS ARE IN GOOD STANDING AND UNDERSTAND THAT IF I AM ACCEPTED AND FAIL TO COMPLETE THIS TRANSACTION BY PROMPTLY SIGNING THE LEASE, ANY DEPOSIT WILL BE FORFEITED.

APPLICANT'S SIGNATURE _____ DATE _____