

Cyclone Rent L.L.C., Rental Application

233 Sheldon Ave. Ames, IA 50014

515-292-7609

ADDRESS (To Be Rented): _____ RENT: (New Lease, if renewal) _____
COMPLEX _____ LEASE Terms _____ to _____
FULL NAME _____ Name family & friends call you _____
SOCIAL SECURITY # _____ CURRENT PHONE: (H) _____ (W) _____
How Did You Hear About Our Property? _____

RESIDENCE HISTORY

PRESENT ADDRESS _____

RENT PER MONTH _____ HOW LONG HAVE YOU LIVED THERE? _____

OWNER OR MANAGER (RA) _____ PHONE _____

REASON FOR LEAVING _____

Permanent Home Address: _____ Phone: _____
Street City/State Zip

PREVIOUS LANDLORD (s): _____ PHONE: _____

PREVIOUS ADDRESSES: _____

Dates From: _____ To: _____

RENT PER MONTH: _____ REASON FOR LEAVING _____

EMPLOYMENT/STUDENT STATUS

EMPLOYED BY: _____ Phone _____

SUPERVISOR: _____ Salary _____

PREVIOUS EMPLOYER: _____ Phone _____

FRESH--SOPH--JUNIOR--SENIOR--GRAD STUDENT (Circle One) Major _____

FINANCIAL INFORMATION

YOUR BANK NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BANK FAX # _____ BANK PHONE # _____

CHECKING ACCOUNT # _____ SAVINGS ACCOUNT # _____

LOAN ACCOUNT # _____ CURRENT _____ PAST _____

I authorize _____ (financial institution) to release information about my account/credit history
which will facilitate my gaining approval to lease from Rainbow Properties, LLC.

SIGNATURE _____

PRINT YOUR NAME _____

DATE _____

-OVER -

Have you ever: Been sued for non-payment of rent? Yes ___ No ___

Declared Bankruptcy? Yes ___ No ___ Been Evicted or Asked to Move? Yes ___ No ___

Broken A Rental Agreement? Yes ___ No ___ Been sued for damage to rental property? Yes ___ No ___

COSIGN REQUIREMENTS

CALL YOUR PARENTS TODAY TO TELL THEM YOU NEED A COSIGNATURE! WE WILL MAIL A COPY OF YOUR LEASE TO THEM TO BE COSIGNED. IF YOU DON'T WORK FULL TIME YOUR AGE DOESN'T MATTER.

OTHER PERTINENT INFORMATION

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted for use of a controlled substance? Yes _____ No _____

If the answer is yes to either of these questions, what state and county? _____

AUTOMOBILE (Year, Make, Color) _____

LICENSE PLATE# _____ COUNTY _____ STATE _____

DO YOU HAVE A WATERBED? _____ BICYCLE _____ MOTORCYCLE _____

Do you have RENTERS INSURANCE? _____: We urge you to get this!!! Our Insurance does NOT cover you!

IN CASE OF EMERGENCY: (PARENT OR LEGAL GUARDIAN)

NAME: _____ Phone _____

(Work Phone) _____ Address _____ City _____ State _____ Zip _____

Rent must be paid by all roommates before anyone can get a key! All co signatures must also be returned before a key will be issued. Mail your check by July 15 to make certain early arrivals can move in. **MAKE SURE YOU MAKE UTILITY TRANSFER ARRANGEMENTS**

IT IS A \$50.00 CHARGE IF YOU DON'T ASSUME UTILITIES before Move In!!

Will you be paying the bicycle deposit to keep your bicycle in the apartment?

YES _____ NO _____ BIKE DEPOSIT IS IN ADDITION TO THE RENTAL/DAMAGE DEPOSIT \$50.

RENTAL DEPOSIT \$ _____

BIKE DEPOSIT \$ _____

TOTAL DEPOSIT \$ _____

I hereby deposit \$ _____ as earnest money to be refunded if this application is not accepted. Deposit checks will be cashed immediately upon receipt. If we spend time processing your rental application and you change your mind a processing fee will be deducted from your deposit. Once approved, I agree to execute a lease before possession is given. If a lease is NOT signed, the deposit will be withheld as damages. Upon signing of the lease, the deposit shall be retained as the security deposit. I certify that the above information is correct and authorize you to contact any references that I have listed.

Applicant's Signature

Date