

BANK REFERENCE FORM

TO:
FROM:
FAX:

FROM: JO BAUMANN, Manager (Cyclone Rent, L.L.C. and
Sheldon Cooperative, L.L.C.)
PHONE: (515) 292-7609
FAX: (515) 292-7609

DATE:
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Applicant's Name:
Applicant's SS #:
Checking Account #:
Loan Account #:

The above person has submitted an application to Cyclone Rent or Sheldon Cooperative to live in one of our units. He/She has listed your bank as their credit reference. This person has signed this form giving you the authorization to release the following information.

COMMENTS: Please answer the questions below and return promptly. Thank you!

- 1.) Does this person have an account with your bank? Type of Account?
- 2.) Does this person have a loan with your bank?
 - a.) Does this person make loan payments on time?
- 3.) How long has this person had an account with your bank?
- 4.) Does this person have a history of repeatedly going into overdraft? If yes, how many times within the last year?

I authorize _____ (financial institution) to release information about my account/credit history; which will facilitate my gaining approval to lease from Cyclone Rent or Sheldon Cooperative.

Applicant Signature

Print Your Name Here

Date

SIGNATURE OF BANKING AGENT PROVIDING INFORMATION

DATE

This information may be phoned or faxed to the above numbers.

Thank you,
Jo Baumann