

Sheldon Rental Application

233 Sheldon Ave., Ames, IA 50014

515-292-7609

ADDRESS (To Be Rented): _____ RENT: (New Lease, if renewal) _____

Room # _____ LEASE Terms _____ to _____

FULL NAME _____ Name family & friends call you _____

Social Security # _____ CURRENT PHONE:(H) _____ (W) _____

CURRENT 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

RENTAL REFERENCES FROM PRIOR OWNERS AND ADDRESSES WHERE YOU LIVED:

EMPLOYMENT/STUDENT STATU

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 Sheldon Cooperative, L.L.C.

Signature

Print Your Name

Date

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.

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

OTHER PERTINENT INFORMATION

PARKING DESIRED: YES _____ NO _____

AUTOMOBILE (Year, Make, Color) _____

LICENSE PLATE# _____ COUNTY _____ STATE _____

DO YOU HAVE A WATERBED? _____ BICYCLE _____ MOTORCYCLE _____

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 _____

ANTICIPATED MOVE IN DATE: _____

RENT DUE AT MOVE IN: _____ This must be paid by all roommates before anyone can get a key! Everyone required to have a cosignature must have it returned before a key will be issued. Mail your check by July 15 to make certain early arrivals can move in.

UTILITY ARRANGEMENTS WILL YOU HAVE A PHONE: _____ OR CABLE: _____

PLEASE PROVIDE YOUR PHONE NUMBER HERE _____

CURRENT TENANTS: _____ Phone: _____